STATE OF MARYLAND—CERTIFICATE OF DEATH 00301 PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be þe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLANLY, WITH V. S. No. 1 ė ż

1.	PLACE OF DEA	TH			108	
	County Car	roll			Registration Dist. No.	83
	Village of City 1		R.F	.D. Syke	sviolle. St.	Ward
	Length of residence in ci		7	(le	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2.	FULL NAME	Louella	F.Baby	lon,		Contact of
	(a) Residence: No.	ne	ar, Gist	,Md.	St., Ward.	
	· · ·		(Usual place o	f abode)	If nonresident give city or town ar	id State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. S		hite	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH January, 17, (Month) (Day)	., 193 (Year)
5a. I	f married, widowed, or diventus BAND of (or) WIFE of 18	te Josep	h Babyl	on,	22. I HEREBY CERTIFY. Thet I attende	d deceased from
6 D	ATE OF BIRTH (month, da	v. and year) 1.86	7-7-12		Clast saw h ev alive on Steel 16 ,193.	5; death is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at: 10.0m.	
	67	6	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or p kind of work done, SAWYER, BOOKKEI 9. Industry or business in work was done, as SAW MILL, BANK,	, as SPINNER, EPER, etc n which SILK MILL, etc	None		(Lobar)	S. Slam. 6
	10. Date deceased last wo this occupation (mo year)	onth and	11. Total tir span occur	ne (years) t in this pation	Other Contributory Causes of importance:	
12.	(State or country)	Men	rland		_	
ER	13. NAME T	homas Pi	nillips,			
FATHER	14. BIRTHPLACE (city or to (State or country)	own) Cari	coll Co.	2-2	Name of operation Date of. What test confirmed diagnosis? Was there as	
ER	15. MAIDEN NAME	Kachael	Smith,		23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) Carro	F 22 0 B P P P P P P P P P P P		Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC i	tate)
17.	(Address) R. F. D	DSykesy	ville.Md	l .		
18.	BURIAL, CREMATION, OR I	~ .	Date Jany	-20135	Menner of injury	
19.	UNDERTAKER (Address)	infield	15	had H	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	German
20.	FILED Assellan,	19.32. ass	e Tiel & Sic	Registrar.	(Address) Clesty	les Tue

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

SE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

ARGIN	LY, WITH UNFAD	carefully supplied.	CAUSE OF DEATH in plain terms, s	TION is vary important See instruc
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFAD	mation should be	CAUSE OF DEA	TION is very im

STATE OF MARYLAN	D-CERTIFICATI	E OF DEATH	0030)2
1. PLACE OF DEATH County-learnoll	82-0	Registration Dist. No.	80	
Village or City Mr. Dew Windson	No. (If death occurred in a hospital or i	institution, give its NAME instead o	St.	Wa

1. PLACE OF BEATH		82-09	2	
County Carroll	0	Registration Dist. No		
Village or City 7/2. Dev.	Windson	No. St., f death occurred in a hospital or institution, give its NAME instead of street an	- Ward	
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrs		
2. FULL NAME Carrie	Rebacca Bans	est		
	VITAL WILL & JULIN			
(a) Residence: No.	(Usual place of abode)	St., Ward. If conresident give city or town a	nd State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JEMMANY (Moth)	, 193. 5	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Layden Br	ange	22. 1 HEREBY CERTIFY, That I attended	- 11.	
6. DATE OF BIRTH (month, day, and year)	earch 14 1869	September 157, 1931 to June 1931	اکہ: death is said	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3 -4 m.	9., death is said	
654 10	/5 1 day,hrs.			
8. Trade, profession, or particular		arterio - Scherosi	Data of one et	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	tourworfe		1704	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	THE PROPERTY OF STREET			
SAW MILL, BANK, etc	11. Total time (years)			
this occupation (month and year)	spent in this			
12. BIRTHPLACE (city or town) (State or country)	4	Other Coutributery Causes of Importance: Cerubral Demorrhage	1-17-3	
13. NAME Francis Hr	vry Fambert			
14. BIRTHPLACE (city or town)		Name of operation Date of		
(State or country)	rd.	What test confirmed diagnosis? Was there a	_	
15. MAIDEN NAME Maggie	mag	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:	
16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide? Date of injury, 19		
(State or country)		Where did injury occur?	\	
17. INFORMANT. A cayslan of (Address) here by in	mage brid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury		
18. BURIAL, CREMATION, OR REMOVAL Place Viville Comments	Date Jam- 31			
	V	24. Was disease or injury in any way related to occupation of deceased?	no	
19. UNDERTAKER Hampand (Address) all getminates	Ind.	If so, specify MA f. 1		
N. 1	Jul.	(Signed) Starting Senth	/ M. D.	

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	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. s.				
Other contributory car	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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No.
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cri
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH	202
1. PLACE OF DEATH		3	300
County Cassolf.	A	Registration Dist. No. 7.6	
Village or City Finerooa	<u>/</u>	No. St.,	Ward
Length of residence in city or town where death	occurred vrs mos	f death occurred in a hospital or institution, give its NAME instead of street and i	number)
I	J.D.	Black to	
2. FULL NAME Vranc	es ranne	Ch Ward	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.5 (Year)
5a. If married, widowed, or divorced HUSBAND of		(,)	(155.)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	
C DATE OF DIDTH (month day and year)	1/24/35.		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	., 00211113 3810
Still Ram	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	1 11) A	Date of onset
SAWYER, BOOKKEEPER, etc.		1 / t I low	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		71200	
10. Date deceasad last worked at	11. Total time (years)	<u> </u>	
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town) - Lines	od -	Other Coutributory Causes of importance:	
(State or country)	molf Co.		
13. NAME Roger Lestoy	Blocksten		
14. BIRTHPLACE (clay or town). Caref	oll Co.	Nama of oparation Date of	
(State of country)		What tast confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Reva May 16. BIRTHPLACE (city or town) - 1 115	(Juesenberry	23. If death was due to external causes (VIOLENCE) fill in also tha following	
16. BIRTHPLACE (city or town) (Stata or country)	ma.	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	07	Where did injury occur?(Specify city or town, county and Stat	e)
17. INFORMANT CADE CALLED	Jan Je	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	1 1 2 -	Manner of injury	
Place Type Oscela Cemp	ate fan . 25 , 1930	Nature of injury	
19. UNDERTAKER D. D. Hartile	1x lons	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Union Osi	das-8nd.	If so, specify	***************************************
20. FILED Jan 25 1935 Mara	alt R. Englas	(Signed) 11 HT 49	M. D.
	Registrar.	(Address) Address M	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) Manner of injury Nature of	1. PLA	CE OF DEATH			92:00	
Langth of residence in city or town-where death occurred. Syrs. Inc. 2. ds. How long in U. S. If of foreign hirth? 2. FULL NAME (a) Residence: No. 2. S. County of the country) PERSONAL AND STATISTICAL PARTICULARS 3. SIXX	Cou	inty Carrell,			Registration Dist. No.	14
(a) Residence: ND. (Usual place of aboffs) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (OR DIVORCED (write the word)) 5a. If married, widowed, or divorced (105) WHE of (105) WHE			,			
Clustaplace of abody PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX		- 2	Tha No	Sahr	Sid Ward	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A. Il married, widowed, or divorced HUSB of Orlow or divorced or as SPINNER, SAWYER, BODOKKEEPER, etc. 8. Trade, profession, or particular Months SAWYER, BODOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date decessed last worked at the organization of Orlow or divorced or divo					If nonresident give city or town and	State
Sa. If married, wickneed, or divorced HISSARIO (Cor) Wife of Cory Wife						
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or	fem	al white	OR DIVORCED	(write the word)	Laurey 21	, 193.5 (Year)
T. AGE Years Months Days If LESS than 1 day. hrs. or min. 3 o or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of once as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of once as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) Differ Cestributery Causes of importance: Take the country of the control of the date stated above, at 11/40. The relations of the following: Action of the date stated above, at 11/40. The relations of the following: Action of the date stated above, at 11/40. The relations of the following: Action of the date stated above, at 11/40. The relation of the date stated above, at 11/40. The relation of the following: Action of t	(or) W	AND of VIFE of		1 0 - 2	22. I HEREBY CERTIFY, That I attended	2/, 19 25
Service of country) 13. NAME	7. AGE	Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 11.45 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of onset
Description occupation	8. Tra	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	uz	u		1924
13. NAME Acceptable Robinstrate 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMDVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Name of operation What test confirmed diagnosis? Was there an au'opsy? 20. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16 so, specify 17 so, specify (Signed) 18 occupation of deceased? 18 so, specify (Signed)	12. BIRTHP	this occupation (month and year) PLACE (city or town)	11. Total tim spent occups	e (years) in this ation	Dther Contributory Causes of importance:	/- 2/ 2.
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMDVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Add	当. NA	ME Wechael	Role	uert	- number	7.5.5.4.5.8.6
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMDVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 17. UNDERTAKER (Address) 18. Under the term of	14. BIR		ukue	- C		
Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATIDN, OR REMOVAL 19. UNDERTAKER (Address)	-	11	less			
18. BURIAL, CREMATION, OR REMOVAL Plaze Lavis and Company 19. UNDERTAKER (Address) Porting to Manner of injury 24. Was disease or injury in any way related to occupation of deceased? (If so, specify (Signed)	17. INFDRM	(State or country) The	tal t	esside.	Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State	, 19
(Address) Roylita & Perry If so, specify (Signed)			undate Jane	124, 1935		
20. FILED Parts., 19.35 Contracting Ville (Address) At Res aille Md			Harry	Vien	If so, specify (Signed) Matted My Ceres	M. D.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

JARGIN RESERVED FOR BINDING

STATE OF MARYLAND	-CERTIFICATE OF DEATH 00305
1. PLACE OF DEATH	(u.f.)
County barroll	Registration Dist. No. 75
Village or City Manchester	NoSt., Ward
Length of residence in city of town where deeth occurred Q Q yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U. S. if of foreign birth?
2. FULL NAME PARAL GRAS G	omoth
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEY A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Ja. Bonnett	22. I HEREBY CERTIFY. Thet t attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS that 1 day,	i tast sew h a alive on A 1935; deeth is seid to have occurred on the date stated above, at 3,3,00 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	baruna 8 towach 6 hr
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked at this occupation (month and	
10. Dete decesed lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (Stete er country) (Stete er country)	Other Contributory Causes of importance:
13. NAME Jahr Grus	
13. NAME Jahr Street 14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diagnosis? Westhere en eutopsy?
15. MAIDEN NAME Elizabeth 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Courtis Groff and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL PIECE MAMCINESIES Med Dete Jan. 10 - 193	Manner of injury
11- 1-40 648	Neture of injury 24. Was disease or injury to env wey releted to occupation of deceased?
19. UNDERTAKER THE WIND STATES	If so, specify
20. FILED Jan. 9. 1935 Mas Nr. R. S. Denneu Registrar.	
If more blanks are needed, address State Regist	Tat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1921 1 week ago Chronic interstitial nephritis July 5,1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00306
1. PLACE OF DEATH	(97)
County Carroll	Registration Dist. No. 8/
Village or City Muson Bridge	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a no-pital of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME A lovence bowen	2
(a) Residence: No. An taid o	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED furic the word)	21. DATE OF DEATH 24 , 193 5
5a. If married, widoweb, or divorced	(Month) (Oay) (Year)
(or) WIFE of Lowis Bowens	22. I HEREBY CERTIFY, That I attended decesed from
6 DATE OF BIRTH (month day and was)	1 last saw h_Q_n_alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance
7 Trade profession or particular	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER Yourselfeefer SAWYER, BOOKKEEPER, etc.	acute nephrotis
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at the occupation (month and	
10. Oate deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Holdsick Co MS	Other Contributory Causes of importance:
(State er country)	flelefoly light
13. NAME HOUBERTON BULLEY 14. BIRTHPLACE (city or town) Artificial Control of the Control of th) due to actoric solo and
14. BIRTHPLACE (city or town) Transcon 100 200	Namo of operation Oate of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME Dargh Guy Byour	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Here the	Accident, suicide, or homicide?
(State or country)	Specify city or town, county and State)
17. INFORMANT Survice Clark	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place deferty four e Oate face 2.7., 19.23	Nature of Injury
19. UNDERTAKER DA Santy	24. Was disease or injury In any way related to occupation of deceased?
(Address) finian les vides 4.	If so, specify
20. FILED M. 20, 1900 Chinase Registrar.	(Signed) M. O. (Address) Littuon Smill III
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Requesting 71 S. No. 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	10000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	11112
Gallstones	May 1,1923	Gastroenteritis	1 year
A CONTRACT OF THE PROPERTY OF	,		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	OI AUL	ron	L O ICT III INC	SIMILMIN	DI	THIOTOTAL

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DEATH

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MOTHER

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

18. BURIAL CREMATION, OR

19. UNDERTAKER

20, FILED ...

14. BIRTHPLACE (city or town) ___.

(State or country)

16. BIRTHPLACE (city or town)

(Address) Wysky

(State or country)

13. NAME

RECORD.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County 79 Registration Dist. No Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred__ How long In U.S. if of foreign birth? vrs. statement 2. FULL NAME (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a, If married, widowed, or divorced HUSBAND of (or) WIFE of mars I HEREBY certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Days Months If LESS than to have occurred on the data stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date decaased last worked at 11. Total time (years) on this occupation (month and spent In this

occupation ___

an 10,19 3 5

Registrar.

Name of operation What tast confirmed diagnosis?_____ 23. If death was due to external causes (VIOLENCE) fill in also the following:

(Year)

Date of onset

Accident, suicide, or homicide?_____ Data of injury____

(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injur

Nature of Injury

24. Was disease or injury In any way related to occupation of deceased? so, specify

(Address) If more blanks are needed, address State Registrar, 2211 N. Charles Street, Baltimore, Requesting U. S. No. 2.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		
Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
M1 1000	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 1921	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FI	URTHER STATE	MENTS BY	PHYSICIAN
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V. S. No. 1

		DISTRICT TO I OTHER TOTAL VIDEO	DITTING TOTAL
Z	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO	UNFADING INK-TH	IS IS A PERMANENT RECO
	mation should be carefully	supplied. AGE should l	mation should be carefully supplied. AGE should be stated EXACTLY. PH
1	CAUSE OF DEATH in plair	n terms, so that it may h	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
T	TION is very important. See instructions on back of certificate.	ee instructions on back or	of certificate.

of OCCUPA.

3. If married, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trada, profassion, or particular 9. SawYee, Bookkeeper, etc. 9. It per Bey C ER T I F, Y. That I attended deceased from 11 to have occurred on the date stated above, at f. than 12 to have occurred on the date stated above, at f. than 13 per NCIPAL CAUSE OF DEATH and related causes of importance 14 per SawYee, Bookkeeper, etc. 15. Date deceased last worked at this occupation (month and year) 16. Date of essential this occupation (month and year) 17. Infogmant Saw Amaria 18. Manuel of town) 18. Manuel of operation 19. June of town 19. June of injury 19. June of town 19. June of injury 19. June of town	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00308
Village or City Than Messad Day 11d (If death occurred in a hopsial or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 1713 mos. ds. How long in U. S. If of foreign birth? 1715	1. PLACE OF DEATH	92-0
Langth of residence in city or town where death occurred yts mos. ds. How long in U.S. if of foreign birth? yts. mos. ds. 2. FULL NAME (Notice of Section 1)	County Carrol	Registration Dist. No.
(a) Residence: No. (Unsalphare of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 1. II married, Widowed, or divorced (10) HUSARYD of (10) HUSARYD of (10) HUSARYD of (10) HUSARYD of (11) HUSARYD of (11) HUSES than (12) Lift saw h. Live on. (13) J. to. (13) Lift saw h. Live on. (13) J. to. (14) Lift saw h. Live on. (15) Lift saw		(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. II married, widowed, or divorced divorced drove the word) S. II married, widowed, or divorced drove the word or or by the following the word of the word o	11.4 8 0	osds. How long in U.S. if of foreign blrth?yrsmosds.
Personal and State Persona	2. FULL NAME Unola of Brashear	<u> </u>
2. SEX 4. COLOR OR RACE S. SINCLE, MARKED, WIDOWED OR DIVORCED (write the word) OR DIVORCED (write the word) 22. I HEREBY CERTIFY. That I attended deceased from (or) WHE of 19.25. 1. I HEREBY CERTIFY. That I attended deceased from 19.25. T. AGE Years Norths Days If LESS than 1 day	(Usual place of abode)	
Sea It married, widowed, or divorced (Month) Sea It married, widowed, or death is add to have occurred on the date stated above, at J. T. T. That It attended ceased from. The PRINCIPLAL CAUSE OF DEATH and related causes of importance or divorced in this occupation of the ones. Sea It married, widowed, or death is add to have occurred in Industry, in Home, or in Public Place. Manner of injury Nature of injury Nature of injury Sea It married, widowed, or death or decased? Sea It married, widowed, or death or decased? Sea It married, widowed, or death is add to have occurred in Industry, in Home, or in Public Place. Manner of injury Nature of injury Sea It married, widowed, or death or decased (Month) Sea It married, widowed, or death is add to have occurred in Industry in any way re		
5. If married, widowed, or divorced HUSBAND (1997) HUSBAND (1998) 6. DATE OF BIRTH (month, day, and year) September 25 / 1925 7. AGE Years Months Days II LESS than the particular of the part	J. DINGLE, MARKIED, WIDOWED,	Jour 27, 1935
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	5a. If married, widowed, or divorced HUSBAND of	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If IESS than I day,	(or) WIFE of	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at \$\frac{1}{4}\triangle m\$. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trada, profession, or particular min. 9. Industry of business of importance were as follows: 9. Industry of business of importance were fined as follows: 9. Industry of business of importance min. 9. Industry of importance: 12. BIRTHPLACE (city or town) 9. (State or country) 13. NAME 14. BIRTHPLACE (city or town) 9. (State or country) 15. MADIEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURTHPLACE (city or town) 18. BURTHPLACE (city or town) 19. UNDERTAKE 20. PILEP 21. UNDERTAKE 22. Was disease or injury in any way related to occupation of decased? 19. UNDERTAKE 19. UNDERTAKE 20. PILEP 21. UNDERTAKE 22. Was disease or injur	S DATE OF BIRTH (month day and war) Polite la 25 1026	15
8. Trada, profassion, or particular min. 9. Industry of business in which min. 9. Industry of business in which min. 9. Industry of business in which min. 9. Specify of town) 9. Specify disparsion min. 9. Date of oneal min. 9. Date of on		- // 9.41
8. Trade, profession, or particular 8. Trade, profession, or particular 10. Manual of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAWIEL, BANK, etc. 19. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, GREMATION, or REMOVAL Place I may be formed and Specific Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. Or Here of the properties of importance: 10. Date of mark 11. Total time (years) specific to fill specific to fill specific to the properties of importance: 10. Date of 11. Total time (years) specific to fill specific to the properties of importance: 12. BIRTHPLACE (city or town) (State or country) 13. MANGE 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, GREMATION, or REMOVAL Place I may be formed and State 19. UNDERTAKER 19. Or Her Coatributery Casted of importance: 10. Manner of injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury 19. Or Here of injury Nature of in		The PRINCIPAL CAUSE OF DEATH and related causes of importance
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SAW MILL, BANK, etc. 18. Date decased last worked at this occupation (month and year) 19. Date decased last worked at this occupation (month and year) 10. BIRTHPLACE (city or town) 11. State or country) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BIRTHPLACE (city or town) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. (Address) 19. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER 19. (Address) 19. (Signed) 10. (Address) 10. (Address)	SAWYER, BOOKKEEPER, etc.	
15. Date deceased last worked at spent in this scupation (month and year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME Howard Brackear 14. BIRTHPLACE (city or town). (State or country). 15. MAIDEN NAME Yenewice Wetzel 16. BIRTHPLACE (city or town). (State or country). 17. INFORMANT Jenemies Watzel 18. BURIAL, CREMATION, OR REMOVAL Place Times Gram Date Jan 30, 19 35 19. UNDERTAKER (Addiess). 19. UNDERTAKER (Addiess). 10. FILED an 29, 1931 A Sulfider 11. Total time (years) spent in this soccupation. 10. Other Contributory Cases of importance: Other Contributory Cases of i		
Other Contributory Cause of importance: Other Contributory	1.0. Date deceased last worked at this occupation (month and spent in this	
14. BIRTHPLACE (city or town) (State or country) Frederick County. 15. MAIDEN NAME Lenewrine Wetzel 16. BIRTHPLACE (city or town) (State or country) Frederick County 16. BIRTHPLACE (city or town) (State or country) Frederick County (State or country) Frederick County Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Address)	12. BIRTHPLACE (city or town) Sparrow Point md	Other Contributory Cause of importance: Sdy
14. BIRTHPLACE (city or town) (State or country) Frederick County. 15. MAIDEN NAME Lenewrine Wetzel 16. BIRTHPLACE (city or town) (State or country) Frederick County 16. BIRTHPLACE (city or town) (State or country) Frederick County (State or country) Frederick County Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Address)	13. NAME Howard Brashear	
(State or country) Frederick Country. 15. MAIDEN NAME General Country. 16. BIRTHPLACE (city or town) (State or country) Frederick Country 17. INFORMANT General Country 18. BURIAL, CREMATION, OR REMOVAL Place General Country Place General Country Mattest confirmed diagnosis Country and State of Injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 15 so, specify (Signed) (Address) (Address) (Address) (Address) (Address) (Address)		Name of operation World
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicida? Data of Injury Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) M. D. Registrar. (Address)		Q. C.
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16. BIRTHPLACE (city or town) Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16. So, specify (Signed) (Address) M. D. Registrar. (Address)	15. MAIDEN NAME Generocine Wets of	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place Carrey Grove Carre Date Jan. 30, 19 35 (Address) (Address) (Address) (Address) (Address) (Address) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address) (Address)	16. BIRTHPLACE (city or town)	
AU Address S. d. Mount airy md. 18. BURIAL, CREMATION, OR REMOVAL Place Laney Grove Came. Date Jan. 30, 19 35 (Address) (Address) 20. FILED au 29, 1931 August 1931 Aug		Where did injury occur?
Manner of injury Place Caney Grove Cane, Date Jan, 30, 19 35 Nature of injury 19, UNDERTAKER (Addiess) 20, FILED an 29, 1935 Registrar. Manner of injury Nature of injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address)	17. INFORMANT Generiene Wet of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Giney Grove Carra Date Jan. 30, 19 35 Nature of injury 19. UNDERTAKER (Address) Nature of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address)		
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 25. FILED Care 29 , 1931		Manner of injury
(Address) 16 so, specify (Signed) 18 so, specify (Signed) (Address) (Address) (Address)	Place Unity From Lang. Date Jon 30, 19 03	Nature of injury
20. FILEDan 29, 1931 Ad Sulfder (Signed) 1 M. Var Mou M. D. Registrar. (Address) W. D.		
		(Signed) 1 M. Van Nou M. D.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A PUBLICATION			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	N. B.—WRITE	mation sh	CHOTTLE
			1

J.	PLACE OF DEA				23	H.L
	County Car				Registration Dist. No.	
	Village or City		The same of the		No. Amyfula State Hospital St., If death occurred in a Karpital or institution, give its NAME instead of street	
		0		2	sds. How long in U.S. if of foreign birth?yrs	mosds.
2.	FULL NAME.			Brisco	0	
	(a) Residence: No.	Calvert	(Usual place	MA · of abode) .	St., Ward. Prince Trederick, Calve If nonresident give city or town	
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
-	hale X	thite	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH January 1 st (Month) (Day)	, 193 5 (Year)
5a. I	If married, widowed, or di HUSBAND of (or) WIFE of	vorced		leibe.	22. I HEREBY CERTIFY, That I atten	
6 D	ATE OF BIRTH (month, d	ma ma	soln Vinber	my 1890	Tuly 2/st 1924, to annary 1	34.; death is said
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at 6.55A.m.	, ucati 13 301
	44	19 m	huknown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profassion, or kind of work don:	particular	71		0	Date of onse
TION	SAWYER, BOOKK	EEPER, etc	None		Julmonary Tuberculoses	may 19.
UPA	9. Industry or business work was done, as SAW MILL, BANK	s SILK MILL,				
000	10. Data deceased last w	orked at	11. Total ti	me (years) It in this		
	year)		occu	pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town				A-9	Privato
م ا	(State or country)	0 0	es. md	*	Chrome Mphritis	1932
빌	13. NAME John				7	
FA	14. BIRTHPLACE (city or (State or country)			md	Name of operation tone Name of operation tone What test confirmed diagnosis? Was there	of
HER		Katherine			23. If death was due to external causes (VIDLENCE) fill in also the follo	
-	16. BIRTHPLACE (city or	town Unker	wn	, ,	Accident, sulcide, or homicide? Date of injury	
Σ	(State or country		Georges	es md.	Where did injury occur?	
17.	INFORMANT Ofming		Hospital		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	
18,	BURIAL, CREMATION, DR	REMOVAL	State Jan	J. 7. 193	Manner of injury	
19.	UNDERTAKER	es +So	w Due		24. Was disease or injury in any way related to occupation of deceased	i?
20	FILED Jan 1	, 19 3 4 0	Harry	Heed Registrar.	(Signed) John h Morris, (Address) (J.D. H) Dy Rewille, Mid	
40.					1 MI De Meganille Mel	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE RESERVE

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. Pl	LACE OF DEA	ATH				
	ounty Car		~~~~~		Registration Dist	. No. 74
				(II	f death occurred in a horpital or institution, give its NAME inst sds. How long In U.S. if of foreign birth?	St., Ward tead of street and number) _yrs
	JLL NAME					
				abilingd	St, Ward. If nonresident give	city or town and State
F	ERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE O	F DEATH
3. SEX		OR OR RACE	OR DIVORCE	RIED, WIDOWED, O (write the word) O WEY	21. DATE OF DEATH (Month)	20 , 193 (Year)
HUS	BAND of		a Broadi	es,	22. I HEREBY CERTIFY.	19
7. AGE	OF BIRTH (month, derivative of the second of	Months 3	857-].0-1 0eys	If LESS than I day,hrs.	to have occurred on the date steted above, at The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	-m,
12. BIRTI	ndustry or business work was dona, as SAW MILL, BANK, Data deceased lest we this occupation (myear) HPLACE (city or town Stete or country)	orked et 10/		me (years) t in this pation	Other Contributory Causes of importance: Not assidental a suicidal or homic	y Guerra
13. N	IAME	Unline	N 20		- Colored massey found dead in	
14. B	IRTHPLACE (city or t (Stete or country)				Name of operation	
15. N	AIDEN NAME	- u	14		23. If death was due to external causes (VIOLENCE) fill in a	
16. B	(State or country)		at the am		Accident, suicide, or homicide? Date Where did injury occur?(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	of injury, 19
	Address) 9 // 1		re. Ceton	sville,M		
	ace Johnsvi		tyDate Jany	22,,195	Menner of injury	
19. UNDE	RTAKER	6.m./	talls:		24. Was disease or injury in any way related to occupation If so, specify	
20. FILEO	Jan 21.	19.35- Q	Harry	Mees Registrar.	(Signed) Statistics (Ardress) WERTHUM	ster mid

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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STATE OF MARYLAND—CERTIFICATE OF DEATH	0311
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1. PLACE OF DEATH County Carroll	Registration Dist. No.
Village Dr City Sykesielle M	ND. St., Ward St
2. FULL NAME Sophia Bronnersk (a) Residence: No. 2234 Carters Qu	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Soseph Brosnynski	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from 1925, to January 22, 1933
6. DATE OF BIRTH (month, day, and year) denterming unknown - 18-77 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2:30 P.m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decased last worked at this occupation (month and spent in this securation (month and spent in this securation).	Pulmonary Tuberculosis 1914
10. Date deceased last worked at this occupation (month and year)	Other Contributory Canses of importance:
13. NAME John Bonskinski 14. BIRTHPLACE (city or town) Lundown (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Hospital Records	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OF REMOVAL Place Holy Rosary Date Jan 25., 19.3.	Manner of injury
19. UNDERTAKER Jahn In Weben (Addjess) 401 5. Chester How 20. FILED AM. 73, 1935 Strang Wee Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Mulinguing Region M. I

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P. \ 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		- A THE TAKE
	1915 1921 Julyō,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927- Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

certificate.

See instructions on back of

AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	U	J	1	2

1. PLACE OF DEATH	102
County Carroll	Registration Dist. No. 74
Village or City . Flo furrille	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	A . A /
2. FULL NAME KALLEL I . N MAN	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
QR DIVORCED (rurite the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
(or) WIFE of Drawn	1 HEREBY CERTIFY, That I attended deceased from
7 M. 1' 101	11-22 . 1937, to 1- 22 , 1935
6. DATE OF BIRTH (month, day, and year)	I last saw ho alive on /- 21 - , 19.3 5; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at/a_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
10 Total Community of the Community of t	were as follows: Oate of onset
8. Trade, proféssion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	3-1/20
9. Industry or business in which	The new presentation 30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	l'o
10. Date deceased last worked at this occupation (month and year)	
year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or county)	Hyperteuseen, 4
	aither gon's
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis? Was there an au'opsy? W.
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Af. Way 1 - 1 a	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INCOSTRI, III HOME, OF INFODERO PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Special gell a lill Oate Last 25, 19 39	- Nature of injury
10 UNICEPTAKED WILL SAME INC.	24. Was disease or injury In any way related to occupation of deceased?
19. UNOERTAKER ALL TOPIC TOPICS, (Address) Systematics and the state of the state o	If so, specify
20 EUGO JAW TV10 35 CHASSIN YULL	(Signed) M. O. M. O.
20. FILEO Registrar.	(Attoress) Selke sville Tax
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

arefully supplied.

N. B.-WRITE PLA mation shoul

V. S. No. 1

certificate.

See instructions on back of

Exact statement of OCCUPA-

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH 003	13
1. PLACE OF DEATH		1087	,
County Carrall		Registration Dist. No.	-
Village or City Lykeses	lle	No pringful Alter Propole	Ward
Langth of residence in city or town where deat	fort	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?	de
2. FULL NAME Cather	in Lux	chell	
(a) Residence: No. 32/9	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Lewel white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH **Linuary 15 193 S	S ear)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased the seconds of 19,93, to face 19	33
	ar. 27, 1861	I last saw h Lr alive on faussay 5, 19 95; death	is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at	
/3 9	ormin.	wars as follows:	ofonset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	uuro.		
9. Industry or business in which		Labar Purmena 12.	91-96
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Sleeker (State or country)	eo con	Other Contributory Causes of importance:	
13. NAME Thamas	Dur elell		
14. BIRTHPLACE (city or town) Surela (State or country)	huan	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	,
15. MAIDEN NAME Mary	bleea	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (State or country)	ebusor	Accident, suicide, or homicide?)
17. INFORMANT Law fait as (Address)	l Resta	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 PURIAL CREMATION, OR BEMOVAL	Date Jan 18, 1935	Manner of injury	
19. UNDERTAKER C. VI. Sure (Address) Sattimus	goy md.	24. Was disease or injury in any way ralated to occupation of deceased?	

Registrar.

(Signed)

(Address)

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Example	J.		Example II	E 1318
The principal cause of death and of importance were as follows: Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	N 17	July 5,1927	Peritonitis	3 days ago
	र के			
Other contributory causes of imp	ortance:	m	Other contributory causes of importance:	
Gallstones	1.44	May 1,1923	Gastroenteritis	1 year
		and the same		
		1.4		10000

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

ż

	1. PLACE OF DEAT
	County 6a
	Village or City Vea
	Length of residence in
The state of the s	2. FULL NAME
Melaharan	(a) Residence: No.
-	PERSONAL ANI
3	. SEX 4. COLOI
	mI
5:	a. If married, widowed, or divor HUSBAND of (or) WIFE of
6	. DATE OF BIRTH (month, day,
7.	AGE Years
HPATION	Trade, profession, or pa kind of work done, a SAWYER, BOOKKEEF 9. Industry or business in work was done, as S SAW MILL, BANK, et
000	10. Date deceased last work this occupation (mon year)
11	2. BIRTHPLACE (city or town) - (State or country)
HER	13. NAME down
FAT	14. BIRTHPLACE (city or tow (State or country)
HER	15. MAIDEN NAME
MOT	16. BIRTHPLACE (city or tow (State or country)
17	7. INFORMANT MUSO (Address)
18	B. BURIAL, CREMATION, OR RE
	Place Paus
15	O. UNDERTAKER (Address)

tan 9,135

20. FILED.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00314
ACE OF DEATH	——— ®
ounty Carrill	Registration Dist. No. 70
illage or City Man Janey town	No. St. Ward
ength of residence in ty or town where death occurred 12 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
JLL NAME David H. Carba	ds. How long in U. S. If or foreign birth? yrs. mos. ds.
a) Residence: No. Janey Company (Usur place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write he word)	21. DATE OF DEATH Fax, 9 (Month) (Day) (Year)
rried, widowed, or divorced BAND of WIFE of	22. I HEREBY CERTIFY That I attended deceased from
OF BIRTH (month, day, and years Feb 26, 1875	I last saw h
Years Months Days I LESS than 1 day,	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pout Devoter Date of onset
ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Pollopse blios
Date deceased last worked at this occupation (month and year)	
HPLACE (city or town) Carrill Co	Other Contributory Causes of importance: 1004 3 de

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

If so, specify (Signed)

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the detested had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		- Sect
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATI	E OF MA	ARYLAND-	CERTIFICATE OF DEATH	00315
1. PLACE OF DEATH	00		<u>(59)</u>	1
County Carrot			Registration Dist. No.	76
Village or City was H	unfields		t. DNO testimester 8.	St., Ward
Length of residence in city or town	Where death pecurs		If death occurred in a horpital or institution, give its NAME instead of stress.	eet and number)
2. FULL NAME Har	7	lass-	syrs	mosgs.
			7- /	
(a) Residence: No.		fulledstem-	Ward. If nonresident give city or to	wn and State
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RAC		MARRIED, WIDOWED,	21. DATE OF DEATH	
male White	OR DIV	ORCED (write the word)	Juny = 25	= , 193 -
5a. If married, widowed, or divorced HUSBAND of			(Month) (Day)	(Year)
(ar) WIFE of Johnston	ie lour	7	22. HEREBY CERTIFY, That I at	tended deceased from
	.004		1-24-,19 ³⁵ ,10 1-25	1930
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Mon		2 - 2 4.	9 .3	9 3 6; death is said
To a second	, Day:	1 dey,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular		ormin.	were es follows: Nellitus	Date of onset
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc	R. Jann	Toucking.	men di	7a see
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this countries worked at		1		know
SAW MILL, BANK, etc.	,		-	1927
this occupation (month and	11. Т	otal time (years) spent in this		
year)	- 10	occu pation	Other Contributory Causes of Importance:	His tree
12. BIRTHPLACE (city or town)	mangla	0.	*	The state of the s
114 : -	- A	/		
13. NAME It illis	10011.	oast.		
14. BIRTHPLACE (city or town) (State or country)	man	lev.	Name of operation Da	te of
	FIRE	and,		ere an autopsy?
15. MAIDEN NAME Jack	4.1000	one.	23. If death was due to external causes (VIOLENCE) fill in also the fo	
O 16. BIRTHPLACE (city or town) (State or country)	man	100.	Accident, suicide, or homicide? Date of Injury.	, 19
2, 7./-	- range	lund.	Where did injury occur? (Specify city or town, county a	and State)
17. INFORMANT Mrs. Han. (Address) P. F. D. B.	to the	ours.	Specify whether injury governed in INDUSTRY, in HOME, or in PUBL	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	eg fran	water, ma.	Manner of injury 01	
	enst one Ja	my 28-, 1931	Manner of injury	**
lo m	noke			244
19. UNDERTAKER (Address), This	field 72	rd,	24. Was disease or injury in any wey related to occupation of deceas	8807
1/2/ 3/	Pilis	2	(Signed)	elle un
20. FILED	(Times)	Registrar.	(Address) Lightmines	la tal,
	f more blanks are nee		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1965			
Other contributory causes of importance:		Other contributory causes of importance:	H-12_1 E
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1)	v item of infor-	S should state	t of OCCUPA.	
52	VENT RECORD. Ever	TLY. PHYSICIAN	ffed. Exact statemen	
D FOR BINDL	IS IS A PERMAN	be stated EXAC	be properly classification	of certificate.
ARGIN RESERVED FOR BINDING	UNFADING INK-TH	supplied. AGE should l	terms, so that it may l	ee instructions on back of
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. NO. 1	N. B.		1.	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1031b)
1. PLACE OF DEATH	107:
County Canada	Registration Dist. No.
Village or City Sykesville, Md	No. pring field State Hospitalst., Ward death occurred in a hospital institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cohn Chance	
(a) Residence: No. 822 Union Over us	St. Ward Baltimas Md
FORMER—(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Eliques & Charles	22. THEREBY CERTIFY, That I attended deceased from
Sat 1. 11883	Last saw h. Land alive on James and 13 1935 death is said
6. DATE OF BIRTH (month, day, and year)	7004
// // / / I day,hrs.	to have occurred on the date stated above, at
61 7 12 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Promoter
9. Industry or business in which work was done, as SILK MILL, Forming SAW MILL, BANK, etc	1/6/35
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Forming 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) 5 pent in this occupation.	
C+ ·01.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Caracana (State or country)	Ting to the time of time of time of the time of ti
	Epilepsys priato 1910
E C. + 01.	71
IA. BIRTHPLACE (city or town).	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Centresile	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Records	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. Burial, Cremation, or removal	***************************************
Transmiller, or removal	Manner of injury
Uate J. J. 1920.	Nature of injury
19. UNDERTAKER June Outh (Address) Baltimore With	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Janus, 1.3, 1936 - BHarry Wear	(Signed) John de Witherld M.D. M.D. MAddress) S. S. Workey S. 4 Kee will, M. d.
	Part N Charles Street Baltimore Paguettum 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		JAN TO V. B.	
Other contributory causes of importance:		Other contributors causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

V. S. No. 1

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ARGIN RESERVED FOR BINDING	UNFAI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
•	WITH.	refully
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	PLA	plno
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. No. 1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	matio

stated EXACTLY. properly classified.

certificate.

TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

be Jo

Exact statement of OCCUPA.

00217 STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	LAND—CERTIFICATE OF DEATH
County Carroll	Registration Dist. No. 82
Village or City near Harrisville	
	ND. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number) _yrsmosds. How long in U. S. if of foraign birth?yrsmosc
2. FULL NAME Henry Chaney	
(a) Residence: No. Mt. Airy, Md. (Usual place of abo	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	JLARS MEDICAL CERTIFICATE OF DEATH
3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED OR DIVORCED (w)	Jan. 8, 1935 , 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Jan. 8, 19	
7. AGE Years Months Days 100	If LESS than to have occurred on the date stated above, atm. I day
8 Trade profession or particular	or U min. were as follows: Premature Date of one
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. none	Stillborn
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	n this
12. BIRTHPLACE (city or town) near Harrisvill (Stata or country) Barroll Co. Md.	Le Dther Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Nama of operation Date of
1 (State of Country) Inc.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cleora Palmer Grim	nes 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cleora Palmer Grim 16. BIRTHPLACE (city or town) (Stata or country) Md.	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT Cleora Chaney (Address) Mt. Airy, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Grow Date of any -	= 9=, 193 5 Manner of Injury Natura of injury
19. UNDERTAKER 6. M. Waltz (Address)	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILE Jan 9 , 1935 Phu D Suya	(Signed) Stranley Bratill M. Registrar. (Address) Mt. Airy, Md.
4	registrat. 1 (Audi 25)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

00218

Village or City Henryton, Maryland. No. St., War Length of residence in city or town where death occurred O yrs. 4 mos. 4 ds. How long in U.S. W of foreign birth? yrs. mos. d. 2. FULL NAME NOTTIS Andrew Colston (a) Residence: No. 548 Orchard St., Balto., Shid. Ward. FERSONAL AND STATISTICAL PARTICULARS 3. SIX	1. PLACE OF DEATH M	aryland To	uberculo: lored Bra	sis Sanatorio	n (23) Registration Dis		0010
(a) Residence: No. 548 Orchard St., Balto, Sid. Ward. (Tuaciplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) AR BYT1GO BY OR BY OR COLOR OF RACE INSANDY BY OR BY OR COLOR OF RACE OR BY OR STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) AR BYT1GO OR DIVORCED (write the word) AR BYT1GO OR DIVORCED (write the word) OR DIVORCED (w	Village or City Henryto	-	(lf	death occurred in a horpital or i	institution, give its NAME in	St.,stead of street and n	Ward number)
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE Male Colored S. SINCLE MARRIED, WIDOWED, OR DIVOSCED ("write the word) Married, victowed, or divorced HUSSAND or Prudence Colston 22. I HER EBY CERTIFY, That I attended decased for Aug., 29, 1936, 193 (North), 193, 193, 193, 193, 193, 193, 193, 193	ALLOED IVAILE			Alfa Wand			
3. SEX Male Colored S. SINGLE MARRIED, WIDOWED. Male Colored Store Single Married, widowed, or divorced HUSAND of (cr) wife of Prudence Colston 5. If married, widowed, or divorced HUSAND of (cr) wife of Prudence Colston 6. Date of Birth (month, day, and yeer) Aug., 12, 1880 6. Date of Birth (month, day, and yeer) Aug., 12, 1880 7. AGE Yests Months Days If LESS man 1 day., hrs., hrs., or min. 5. If male profession, or particular wide of was a done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show a sistent show as done, as SISI MILL. SAW MILL, PARK, will be a sistent show as a sistent show as done, as SISI MILL. Saw MILL, PARK, will be a sistent show a sistent show as done, as SISI MILL. Saw MILL, PARK, will be a sistent show a sistent show as a sistent show as sistent show as a sistent show a	(a) Residence: No. 040 0			• J. St., L. • Ward.	If nonresident give	e city or town and	State
Male Colored Married (withoused, or divorced HUSBARD of Corp.) Married (withoused, or divorced, or divorced on the date stated above, a.5. a. 5. 0 m. M. The PRINCIPAL CLUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuberculosis May. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Longwood, (State or country) Maryland What lest confirmed diagnosis? Was there on autopsy? Maryland (State or country) Maryland, What lest confirmed diagnosis? Where diagnosis? Was there on autopsy? Maryland, (State or country) Maryland, What lest confirmed diagnosis? Where diagnosis? Was there on autopsy? Maryland, (State or country) Maryland, (State or country) Maryland, (Specify with the finjury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury	PERSONAL AND STATE	STICAL PARTIC	CULARS	MEDICAL	L CERTIFICATE C	F DEATH	
55. If married, widowed, or divorced HUSBAND or Or Or WIFE of Prudence Colston 22. I HEREBY CERTIFY, That I attended decessed fro Aug., 29, 1934, toJan., 2, 19359 6. DATE OF BIRTH (month, day, and yeer) Aug., 12, 1880 7. AGE Years Months Days If LESS than I dey., hrs., or min. 54 21 dey., hrs., or min. 54 21 dey., hrs., or min. 55 AWRILL BANK, etc. 9. Industry or business in which I soan this year or business in which I soan this occupation (month and year) Unknown Unknown Unknown Unknown Waryland 22. I HEREBY CERTIFY, That I attended decessed from Aug., 29, 1934, toJan., 2, 19359 11 last saw him alive on Jan., 2, 193519; death is said to saw him alive on Jan., 2, 193519; death is said to say him a strength of the date stated above, at 5.30 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pulmonary Tuber culosis May. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Longwood, 14. BIRTHPLACE (city or town) Sayannah (Stete or country) Georgia What test confirmed diagnosis? Was there en autopsy? May. 13. NAME Robert Colston 14. BIRTHPLACE (city or town) Chestertown, (State or country) Maryland. 15. BIRTHPLACE (city or town) Chestertown, (Address) Henryton, Maryland. 16. BIRTHPLACE (city or town) Chestertown, (Specify or town, county and State) Specify whether injury occurred in INDUSTR, in MOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury. Nature of injury. Nature of injury.		OR DIVORCED	(write the word)			935.0	, 193
6. DATE OF BIRTH (month, day, and yeer) Aug., 12 1880 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 54 4 21 or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows as SPINNER. Laborer SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) Unknown	HIICRAND of	ence Cols	ton				
Name of operation Name	7. AGE Years Months 54 4	Days 21	If LESS than 1 dey,hrs.	I last saw h 1 m alive or to have occurred on the date The PRINCIPAL CAUSE OF were as follows:	n Jan., 2, stated above, at 5.30 DEATH and related causes of	1935 ₁₉ Pm. M. of importance	; death is said
Other Contributory Causes of importance:	8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer		Pulmonary	Tuberculos	is	May -1934
13. NAME Robert Colston 14. BIRTHPLACE (city or town) Savannah 15. MAIDEN NAME Josephine Maker 16. BIRTHPLACE (city or town) Chestertown, (State or country) Maryland. 17. INFORMANT John E. O'Neill M. D. (Address) Henryton, Maryland. 18. Description Date of operation what test confirmed diagnosis? Was there en autopsy? Me. What test confirmed diagnosis? Was there en autopsy? Me. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of	year) Unknown 12. BIRTHPLACE (city or town) Lon	Un was	t in this	Other Contributory Causes of	f importance:		
What test confirmed diagnosis? Was there en autopsy? Mo. 15. MAIDEN NAME JOSEPHINE Maker 16. BIRTHPLACE (city or town) Chestertown, (State or country) Maryland. 17. INFORMANT John E. O'Neill M. D. (Address) Henryton, Maryland, (Address) Henryton, Maryland, (Address) Date. 18. BYRIAL/CREMATION OR REMOVAL Date. 19. What test confirmed diagnosis? Was there en autopsy? Mo. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ————————————————————————————————————		lston		-	~~~~~		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Henryton, Maryland, 16. PARIAL/CREMATION OR REMOVAL Date:	(Stele of Country)				is?		utopsy? No
16. OURIAL/CREMATION OR REMOVAL Date: Date: 19 S. Manner of injury Nature of injury Nature of injury	17. INFORMANT John E. (estertown Maryland O'Neill, N	1. D.	Accident, suicide, or homicid Where did injury occur?	(Specify city or tov	e of injurywn, county and State	, 19 e)
10 INNERTANCE Trum Cattering 24. Wes disease or injury in env way related to occupation of deceased?		201 11	6 ,1931				
(Address) 818 Drief This list If so, specify	- 1	There	ley	If so, specify	eny way related to occupation	on of deceased?	h
20. FILED 1/2/35, 19 Deputy LOCAl Registrar. (Signed) M. Charles Street, Baltimore, Requesting U. S. No. 1.	Dep		Registrar.	(Address)		Melle enyton	2) , M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU-V-E	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00319
1. PLACE OF DEATH	93-2
County Cauall	Registration Dist. No. 74
Village or City Sykesville	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Caleb 7. Cross	
(a) Residence: No. Septembelle	St., Ward.
(Usual place of abode)	If nonresideut give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarale L. Coss	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Surgery 3 1854	I last saw h Aon elive on
7. AGE Years Months Days If LESS than I dey, hrs.	to have occurred on the date stated above, at. 3A.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	Defende heart
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Lucia - Hermind
O TO-Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Cuutributury Causes of importance:
(State or country), Md.	
13. NAME Joseph Cross	
13. NAME Salue Cose 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Elina, a Wileax	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Liga a Nilear 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT I, Fred Vernay (Address) Surcesville Md.	(Specify city or town, eounty and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Date Jan 31, 1935	Manner of injury
19. UNDERTAKER Yell & Sou Sue. (Address) signisville Wid.	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED Jan. 29, 1935 OHarry Hees Registrat.	(Signed) 1207 20 Day M. D. (Andress) Jakobar Carlotte M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimot, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH	With the same	(130)		

00320

1. PLACE OF DEATH	17mm			71
County to arrive	THIN CORPOR	ATO Liberton	Registration Dist. Np.	10
Village Dr City ON esly		47	ND. 2 222 Ultan Que I death occurred in a hospital or institution, give its NAME instead of	_St.,Ward
Length of residence In city or town where	death occurred		s6ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Mary	Cumber	land		
(a) Residence: No2 m	Hora are		St Ward.	
	(Usual place o		If nonresident give city or	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DE	EATH
J. SEX 4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH au (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of				,
(or) WIFE of			22. I HEREBY CERTIFY: That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	2. 2 (2.	11884	Hast saw have alive on Paris 124	193 death Is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 4,80 m.	
and the street of the	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import	ance
8. Trade, profession, or particular	1 4	l ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	none		All Mising: Can	e, ore
kind of work done as SPINNER, SAWYER, BODKKEEPER, etc			Aunkness Ce. Co	31-
SAW MILL, BANK, etc.	1		no outopsu.	
O 10. Date deceased last worked at this occupation (month and year)	11. Total tir	ne (years) tin this pation	V 7	
7 (301)		pation	Other Coatributory Causes of importance:	1025-
the printing meet (and at county and a company	ninster.		Mruma	42.10
1 0 0	Jean of	1 /	Convellains-	July 14
13. NAME to harles (to under	and		
14. BIRTHPLACE (city or town)			Name of operation	- 4
	arylun		What test confirmed diagnosis?Was	
15. MAIDEN NAME Henerrettle 16. BIRTHPLACE (city or town)	Osprence	^	23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of inju	ry, 19
(State or country) Ma	rykund	0	Where did injury occur? (Specify city or town, coun	ty and State)
17. INFORMANT for tarles to accompany (Address) Westmann	to ma		Specify whether injury occurred in INDUSTRY, in HOME, or in P	UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place A any mount	Date gran	1935	Nature of injury	
19. UNDERTAKER 74Bourk	and + Su	n	24. Was disease or injury In any way related to occupation of dec	eased? MO
(Address) Weaking	see m	X ,	If so, specify	and the same of
20. FILED 1987	1 Cuo	29 Com	(Signed)	.M. D.
		Registrar.	(Address)	KI Plan

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Registration D			roll	ty Ca	Coun
No death occurred in a hospital or institution, give its NAME	(If	Gamber	noar	ge or City	Villag
ds. How long in U, S, if of foreign birth?.	yrs,mos.	eath occurred	y or town where o	of residence in city	Length
				NAME	2. FULL
St., Ward.		Cambon (Usual place of	nea	Residence: No	(a) R
MEDICAL CERTIFICATE			D STATIST	SONAL AND	PER
21. DATE OF DEATH January (Month)	RIED, WIDOWED,	OR DIVORCED	R OR RACE	4. COLOR	S. SEX
22. I HEREBY CERTIFY		ton Davi		I, widowed, or divorce ID of FE of 37]	Sa. If married HUSBAN (or) WIF
I Jast saw h alive on James	37.2	ny 9. 16	and year)	BIRTH (month, day,	6. DATE OF
to have occurred on the date stated above, at	If LESS than I day,hrs. orrsin.	Oays	Months 8	Years 62	7. AGE
Bronchizclas			rticular	e, profession, or part ind of work done, as	8. Trade
)	at home	PER, etc.	AWYER, BOOKKEEP	= S
			ILK MILL,	ork was done, as SI AW MILL, BANK, etc	S S
	me (years) it in this pation	11. Total ti	ith and	deceased last work his occupation (mont ear)	
Other Coutributory Causes of importance				ACE (city or town)	12. BIRTHPL
		vland	unuel B	e or country)	1
		7.17.17	distinct and and		
Name of operation. What test confirmed diagnosis?		ryland	wn)	HPLACE (city or tow State or country)	14. 5161
Name of operation		ryland Known	1.a		
What test confirmed diagnosis? Physical 23. If death was dua to external causes (VIOLENCE) fill Accident, suicide, or homicide?	1		Not	State or country)	15. MAIC 16. BIRT
What test confirmed diagnosis? Physical 23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?	. S	known	Not wn)	State or country) DEN NAME HPLACE (city or tow State or country) NT	15. MAIC 16. BIRT
What test confirmed diagnosis? 23. If death was dua to external causes (VIOLENCE) fill Accident, suicide, or homicide? Where did injury occur? (Specify city or t Specify whether injury occurred in INOUSTRY, in HOM	. S	known of known ton Davi	Not wn) n C. Clay	State or country) DEN NAME HPLACE (city or tow State or country) NT	15. MAIO 16, BIRT (Addr

		of foreign birth?		
St.,	Ward.	If nonresiden	t give cily or town	and State
	MEDICAL	CERTIFICATI		
DATE	OF DEATH	CERTIFICATI	E OF BEAT	n
DATE		nuary	24	, 193 5
		(Month)	(Oay)	(Year)
ast saw h	n.14	, 1935 , to	Jan	ided deceased from 2449365
e PRINCH	PAL CAUSE OF DEA	TH and related cau	ses of Importance	
ere as follo	Bronch	-	1-	Oat of nast
ame ef ope	ibutory Causes of im Colored (ration	pl	uhita Oate	of Market 1935
If death w	as dua to external c	auses (VIOLENCE)	fill in also tha follo	owing:
ccident, sui	icide, or homicide?		Date of injury	, 19
	ijury occur?	(Specify city of in INOUSTRY, in H	or town, county and OME, or in PUBLIC	i State) C PLACE.
lanner of in	ijury			*****
ature of in	jury			
Was disea	se or injury in env	way related to occu	pation of deceased	no
so, specify	Ch.	·····/p	Fort	M. 0.
N. Charle	s Street, Baltimore,	Requesting V. S. Ne	o. I.	

If more blanks are needed, address State Registrar, 2411

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDAN V. B.			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

06322

1. PLACE OF DEATH	(6£)	
County Carroll	Registration Dist. No.	74
Village or City Sules ville, MD	No Farinsheld Solate Hospital St.	Ward
	f death occurred in a horistal or institution, give its NAME instead of street and r	number) .
	s. 3.2. ds. How long in U.S. if of foreign birth? 1.4. yrsmo	osds.
	Y WEEBO)	t/m/
(a) Residence: No. Then John had (Usual place of abode)	St., Ward. Glen Colon M	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
male white Separated	(Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended	
(or) WIFE of	July 16 ,1930, to January 1	
6. DATE OF BIRTH (month, day, and year) Ochler 8, 1891	I last saw h a alive on Juneary 13 1938	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:30 A m.	
43 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.		Date of olisat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Lobar Preumonia	1-13-30
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and spent in this		
year) ocsupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	Hyperthyrodism	19.30
13. NAME Oldo Collock 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of	7/4
	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Coming Zologo	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
State or country)	Where did injury occur?	, 17
17 INFORMANT Hospital Records	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
(Address) Sylesialle, M		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date , 19	Nature of injury	
19. UNDERTAKER I Stackwe to	24. Was disease or injury in any way related to occupation of deceased?	
(Address) (h. No. G. e	If so, specify	
20. FILED Jan. 15, 1935 CHARLY ITEM	(Signed) Vignue Begge Will	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

stat UPA	1. PLACE OF DEATH					
OCC	County Carrill	Registration Dist. No.				
should of OCC	Village or City Janey town No. St., Wa					
w		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,				
PHYSICIAN ict statement	2. FULL NAME TUO Mary & Demmit	6				
STS	(a) Residence: No.	St., Ward.				
	(Usual place of abode)	If nonresident give city or town and State				
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
T Company	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)				
	5a. If married, widowed, or divorced HUSBAND of					
	(or) WIFE of Dr. J. W. Demmtt	22. HEREBY CERTIFY, Thet I ettended deceased fro				
	6. DATE OF BIRTH (month, day, and year) Will 16, 1856	Vigat saw h-11 alive on 9 sac 41 th 1936; death is sai				
ıcaı	7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, at 2 13 19 m.				
certificate	78 8 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:				
3 10	8. Trade, profession, or perticular kind of work done, as SPINNER, Housework SAWYER, BOOKKEPER, etc.	Beretal Hemorelage gon				
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at	1933				
	10. Dete decesed lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation					
	Dul	Other Contributory Causes of importance:				
	12. BIRTHPLACE (city or town) (State on country)					
	13. NAME OSLAW / Savers 14. BIRTHPLACE (city or town).	Neme of operation Dete of				
	(State or country)	What test confirmed diegnosis? Wes there an eutopsy?				
	15. MAIDEN NAME Clegalette Collerson	23. If death was due to external causes (VIOLENCE) filt in elso the following:				
	15. MAIDEN NAME Clean 18th Collerson 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Dete of injury, 19				
	(Stete or country)	Where did injury occur? (Specify city or town, county and State)				
mation should be careful CAUSE OF DEATH in I	17. INFORMANT & Y - V . W. Selmonte (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
	18. BURIAL, CREMATION, OR REMOVAL PULLEAREN	Manner of injury				
	Place Janey own Dete Jan 13, 1938	Neture of injury				
	19. UNDERTAKER COLUMN CADE (Address)	24. Wes disease or injury in any way releted to occupetion of deceesed?				
0	20. FILED M. 12. 1923 Mary 18. Well	(Signed) M.				
-	Befully Registrat.	(Address) Janey Tur All				
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.				

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ,) / 6	3 days ago
ALIDHAU V E		9/8	
		9/9	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should, state

Exact statement of OCCUPA.

properly classified .-

TION is very important. See instructions on back of certificate.

20. FILED 1/25/35 , 19

CAUSE OF DEATH in plain terms, so that it may be

N. B.-WRITE PLA

V. S. No. 1

item of infor-

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	324	
1. PLACE OF DEATH		losis Sanatorium (23)		
County Carroll		Branch Registration Dist. No. 74		
Village or City Henryton,	Maryland.	No. St., Gealb occurred in a hospital or justitution, give its NAME instead of street and	Ward	
Length of residence in city or town where dea	ath occurred Oyrs O mos	de. How long in U.S. if of foreign birth?	number)	
2. FULL NAME John Wesle	ey Noble Dorsey	and the second of the later		
(a) Residence: No. 717 Pier	ce St., Baltimo	rest, Nid . Ward.		
	(Usual place of abode)	If nonresident give city or town and	State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 25. 1935	102	
Male Colored	Single	January 25, 1935 (Oay)	(Year)	
5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That attended 1/9/35 19 to 1/25/35	deceased from	
6. DATE OF BIRTH (month, day, and year) OC	tober 11, 1909	I last saw h im alive on Jan., 25, 1935	; death is said	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7 • 45 m M •	,	
25 3	14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,	
Trade, profession, or particular		Pulmonary Tuberculosis Date of one of Jan.		
3 Trade, profession, or particular kind of work dona, as SPINNER, L. SAWYER, BOOKKEEPER, etc	aborer		1934	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	nknown		-	
O 10. Date deceased last worked at	11. Total time (years)	-		
this occupation (month and year)	spent in this Un equipment			
12. BIRTHPLACE (city or town) Mount		Other Coutributory Causes of importance:		
	ryland			
E 13. NAME Wesley Dorsey				
13. NAME Wesley Dorsey 14. BIRTHPLACE (city or town) Unknow (State or country) Mary 1	m;	Name of operation Oate of What tast confirmed diagnosis? Was there an	autoney? No	
# 15. MAIDEN NAME Nellie Gr	oomes	23. If death was due to external causes (VIOLENCE) fill in also tha followin		
15. MAIDEN NAME Nellie Gr	wn Sounty, Maryland	Accident, suicide, or homicide? Date of injury		
17. INFORMANT John N. O'Nei (Address) Henryton. N	ll, M. D. Maryland.	(Specify city or town, county and Ste Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.	
18. BURIAL, CREMATION, OR REMOVAL Place of the Springs	,	Manner of injury		
19. UNDERTAKER To MIL Som	Mole	24. Was disease or injury in any way related to occupation of deceased?	20.	

(Address) Tienryton, Maryland. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

Local

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAST &			
o'llus literature literature in the control of the	11/1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or fown where beath occurred / How long in U.S. if of foreign birth? ______yrs. _____mos.__ statement RECORD. (a) Residence: No. Ward. (Usua place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) classified 5a. If married, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months If LESS than Days to have occurred on the date stated above, at 1 day .---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..____ may JO. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that instructions 12. BIRTHPLACE (city or town) ... (State or country) 13. NAME 14. BIRTHPLACE (city or town) Name of operation.... plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______, 19. 16. BIRTHPLACE (city or town DEATH (State-or country) Where did Injury occur?___ (Specify city or town, county and State) plnods Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. OF EMATION OR REMOVA Manner of Injury CAUSE Nature of injury NOLL 24. Was disease or injury in any way related to occupation of deceased?_ 19. UNDERTAKE (Address) If so, specify If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	I.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

item of infor-OCCUPA plnods a hospital or intitution, give its NAME instead of street and number) (If death occurred vi) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. (Usual place of abode) Anonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CIL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22 CERTIFY. That i attended deceased from (or) WIFE of V January 23 .. 19.3 7 EX certificate. 6. DATE OF BIRTH (month, day, and year) 18-60 properly 7. AGE Years If LESS than Months Days to have occurred on the date stated above, at stated 1 day, _____hrs or____min_ Date of enset 8. Trade, profession, or particular prior THIS. OCCUPATION be kind of work done, as SPINNER, jo 10 1931 SAWYER, BOOKKEEPER, etc. .. may back 9. Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent In this that occupation_ ing ructions UNFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied in plain terms. FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) carefully Was there an autopsy MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide? DEATH 16. BIRTHPLACE (city or town). (State or country) should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, very (Address) OF 18: BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE TION is mation Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RESERVED	
ARGIN	

1. PLACE OF DEATH	Train CORPORATE	CERTIFICATE OF DEATH 00327
County Carroll	TE LIMITE	Registration Dist. No.
Village or City Western	unster.	No. 8 Perms ave St. Ward
Length of residence in city or town where o	7 0 2	f death occurred in a hospital or institution, give its NAME instead of street and number) s, 2 ds. How long In U.S. if of foreign birth?
J' ann	death occurred S. yrs. 9 1110	os. How long in 0.3.11 of foleign birth:yrsmos
2. FULL NAME Horard	O Dece 1.	Ol Ward
(a) Residence: No. 5 1 1 2 1	(Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of John J. 70 U	wher	22. I HEREBY CERTIFY That I attended deceased from 1935, to 17 1935
6. DATE OF BIRTH (month, day, and year)	pt 21-1882	Clast sew her alive on Just 17 ,1935; death is sel
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 12:30 P.m.
52 3	22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fores Oxils	Ougagionela Janes
9. Industry or business in which		Chaven)
SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and	11. Total time (yeers) spent in this	
year)	occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or country)	in Mary Jand	and secretary to 177
13. NAME Edward	Il wife	Centresian Dockoulde 15th
14. BIRTHPLACE (city or town)	v www.	Neme of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Les. Maryland	What test confirmed diagnosis?
15. MAIDEN NAME Elezabeth	Shrey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	J	Accident, sulcide, or homicide?
∑ (State or country) Coural	I ter murgland	Where did injury occur? M. Wardell . Advicus Mess Winds (Specify city or town, county and State)
17. INFORMANT John J. 7	Howler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACETIATION
(Address) (Westwinster M. L. 18. BURIAL, CREMATION, OR REMOVAL		The state of the s
Place Meadow Brane	La Date yan 20 1935	Manner of injury
710 1	ard +sm	24. Was disease or injury in any way related to occupation of degrased?
19. UNDERTAKER A Danke	In mariland	of so, specify
11.5	711-15	(Signed We Fleur & Beacher
20. FILED /// 19V	u cours	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FED D 1500	July 5,1927	Peritonitis	3 days ago	
	Politic v. s.	11			
Other contributory ca	uses of importance:	6.3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

N. B.—WRITE PLAINLY, W.

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RIT	ion	CS	Z
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation'should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-	-	

00328 STATE OF MARYLAND—CERTIFICATE OF DEATH

1	County Car	ATH roll	~~~~		Registration Dist. No. 70				
	Village or City	Harney	eeth occurred		No. St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.				
1	2. FULL NAME	rs.Fannie	M.Fus						
	(a) Residence: No	•	(Usual place	of abode)	St., Ward. If nonresident give city or town and State				
SECTION	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH Jan. 6 1935 (Month) (Day) (Year)				
5a.	HUSBAND of Ema.	livorcad nuel Fusa		Fare	22. I HEREBY CERTIFY. That I attended daceased from Jan. 4 35				
	DATE OF BIRTH (month,	Mar	ch 7,18	556	llast saw h er aliva on Jan. 6 '35 19 death is said				
-	AGE Years 78	Months 9	Days 30	If LESS than I day,hrs.	to have occurred on the date stated above, a 12 • 20 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance				
OCCUPATION		ne, as SPINNER. J. KEEPER, atc.	lousewor	k	Chronic Intersticial Nephritis ? Chronic Bronchitis ?				
UPA	9. Industry or busines work was done, SAW MILL, BAN	s in which as S!LK MILL, K, etc							
000	10. Date daceasad last this occupation (year)	month and	spe	ime (years) nt in this upation					
12.	BIRTHPLACE (city or tov (State or country)	vn)	Md,		Other Contributory Causes of importance:				
ER	13. NAME GOO:	rge Baker							
FATHER	14. BIRTHPLACE (city of (State or country)		Md.		Name of operation				
ER	15. MAIDEN NAME M	inerva Bo	Wers		23. If daath was due to external causes (VIOLENCE) fill in also the following:				
MOTHER	16. BIRTHPLACE (city of (State or country)		Md.		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?				
17.	. INFORMANT MTS. (Addrass)		hall y town N	ld.	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.				
18.	BURIAL, CREMATION, OF		Jan.	9 ,19 36	Manner of injury				
19. UNDERTAKER WAS TO W					24. Wes disaase or injury in any way related to occupation of deceased? NO				
20.	FILED JAM F.	, 19 35	ery B.	Will Registrar.	(Signed) Stances O Colint M. D. (Addrass) Samuely Towns Web				
		If more I	blanks are needed.	deles State Registrar	2477 N. Charles Street Relaimore Pennether 71 S. NA				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Mày 1,1923	Gastroenteritis	1 year	

BIL
FOR
RESERVED
ARGIN

3	. PLACE O	~				16-PV 8.3	
		Carroll	707 5	7-3		Registration Dist. No. 29	
				bine,	(1)	No. St., f death occurred in a horpital or institution, give its NAME instead of street and nur	mber)
	Length of resi	idence in city or town			yrsomo:	sds. How long in U.S. if of foreign birth?yrsmos.	ds
2	. FULL NA	me Mart	ha !	.Gartr	ell		
	(a) Residen	ce: No	near	(Usual place		St., Ward. If nonresident give city or town and St	
	PERSON	IAL AND STA	TISTIC			MEDICAL CERTIFICATE OF DEATH	ate
3. 5	SEX	4. COLOR OR RA		5. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	-
	Female			Wid		(Month) (Day)	93 De (Year)
5a.	If married, widow		1			22. 1 HEREBY CERTIFY, That I attended de	
_	(or) WIFE of	late,St	ephe	en Gart:	rell	June 23 1937 to Jan 13	ceased fro
6. 1	ATE OF BIRTH	month, day, and year	185	58-2-22		Mast saw has alive on Jand 10, 1935;	death is sai
7. /	AGE Yea	rs Mo	nths	Days	If LESS than	to have occurred on the date stated above, at 5:30p.m.	
-	76	1	.0	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
2	8. Trade, profes	ssion, or particular vork done, as SPINA BOOKKEEPER, etc.	IER,	None		Juflius a well	
A	9. Industry or	husiness in which		- Notie		Seheral Debilely	1-9
CCUPATION		s done, as SILK MILI L, BANK, etc					
5	10. Date decease this occupyear)	ed last worked at pation (month and			nt in this		
_		0 -	*****		pation	Other Coutributory Causes of importance	_
12.	State or cour	,	rrol	and		Caremona) Voueres	34
2	13. NAME	Hanson	Lea	therwo	od.	munity regime of left might	79
LAIMER	14. BIRTHPLACE	(city or town)	Carr			Name of operation Date of	
	(State or		N	larylan	l.	What test confirmed diagnous? Lyan cal purchas there an au'c	psv?_Ma
MOIDER	15. MAIDEN NA	ME Ann	Bar			23. If death was due to external causes (VIOLENCE) fill in also the following:	
5	16. BIRTHPLACE	(city of towii)	arro		2	Accident, suicide, or homicide? Date of injury	, 19
=	(State or		mary	rland.		Where did injury occur? (Specify city or town, county and State)	
17.	(Address)	Mrs.H.S		ngs,		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
18.		ION, OR REMOVAL	THE,	MC.		Manner of injury	
	Plateons	an Chape	l Ge	DateJan	1,16.,1935.	Nature of injury	
9	UNDERTAKER	6.m.	Wal	47:		24. Was disease or injury in any way related to occupation of deceased?	10
	(Address)	Winf	lelo	Md.	1	If so, specify	
20.	FILED Jan.	14 1988	na	MA	ewitt	(Signed) Com Van Voor	@-M.
	/,	(00	0	1. F.	eal Registrar.	(Address) Mu am Zu	- 1h

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis - C. E.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- V 3.			50
Other contributory causes of importance:	13	Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA--WRITE PURINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. N. B.

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEAT	rh Mar	yland T	uberculo	sis Sanatorium	2.2			
	County Carrol	1	C	olored B	ranch	Registration Dist. N	ND. 74		
	Village or City He			(lf	ND. death occurred in a hospital or institu	ntion, give its NAME instead	St.,	Ward number)	
	Length of residence In cit			O_yrs I_O_mos		f foreign birth?y	/rs	mosds.	
1	. FULL NAME Ja	imes Gas	ton						
	(a) Residence: No. 1	ain St.	, Turne	rs Statio	on și, Baltiward re (lo., Maryle	ind.	d State	
cetmo	PERSONAL AN					ERTIFICATE OF		id State	
3.		or RACE	5. SINGLE, MARR OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH	n., 14, 19	35	, 193	
5a.	If merried, widowed, or divor					(Month) ([Jay)	(Year)	
	(or) WIFE of	Enol	ler Gast	ton	March 7, 1934	CERTIFY. Th		d deceased from	
6	DATE OF BIRTH (month, day	and year) All	ıg., 29.	1906	liest saw h 1M alive on	. 19 10	935	death is said	
	AGE Years	Months	Deys	If LESS than	to have occurred on the date state	ed above, at 1.15 m	A. M.		
4	28	4	16	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of im	portance		
LION	8. Trede, profession, or pa kind of work done, a SAWYER, BDOKKEE			rker	Pulmonary Tuberculosis Date of Dec 193				
OCCUPATION	9. Industry or business In work was done, as S SAW MILL, BANK, e		eel Pla	te Mill					
00	ID. Date deceased last wor this occupation (mon year)	ked et oth and OWD	11. Total tin Un span	ne (years) t in this Dawo II					
12,	BIRTHPLACE (city or town). (State or country)	South	boro, Caroli	ná'	Other Contributory Causes of Importance:				
ER	13. NAME James	Gaston	1						
FATHER	14. BIRTHPLACE (city or too (State or country)		? Unkne		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Alo				
ER	15. MAIDEN NAME Ka	tie Pow	ler	TO THE	23. If deeth was due to external cau				
MOTHER	16. BIRTHPLACE (city or too (State or country)	wn) ???? South	Caroline	your.	Accident, suicide, or homicide?				
17.	THEORIMANT	n E. O'		M. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			ate) LACE.	
18.	BURIAL, CREMATION, OR RI		Date 1/18	/35 ,19	Manner of injury				
19.	UNDERTAKER 11.2.9	n Care	Chew.	2	24. Was disease or injury in any w	ay related to occupation of	deceased?	teo.	
20.	FILED 1/14/35,1	9 Veni	ul 6, C	Weill Registrar	(Signed)(Address)	May Col	The water	lles M. D.	
	<				2411 N. Charles Street, Baltimore, Re	equesting U. S. No. 1.	1		

. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritus	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ey Andri	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
S A PERMANENT	ated EXACTLY	operly classified.	tificate.
THIS IS	ld be st	ay be pr	ck of cer
JINK-	GE shou	hat it ma	is on ba
FADING	ied. A(ns, so th	truction
No 1	lddus	in terr	see ins
Y, WITH UN	carefully suppl	'H in plain terr	ortant. See ins
PLAINLY, WITH UN	should be carefully suppl	OF DEATH in plain terr	TION is very important. See instructions on back of certificate.

	STATE OF	MARYLAN	ND-CERTIFICA	TE	OF	DEATH
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1 00331

A PLACE OF DEATH	(93:c)
County Carroll	Registration Dist. No.
Village or City anion Bridge	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	os / T_ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME I longe anna Iri	nder
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced - 4.2	(Month) (Dey) (Year)
HUSBAND of the Late Thomas J, Brinder	22. I HEREBY CERTIFY, That I attended daceased from
(or) HILL OI	1 dec / 1934, to /-/0- 1935
6. DATE OF BIRTH (month, day, and year) June 23 - \$859	I last saw h 1 aliva on 1 - 9 - 1935? death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 4 m.
75 6 /7 1 day,hrs	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onsot
kind of work done, es SPINNER, None	Chronic Myres It
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Medleburg	Other Conditional Constitution of the Constitu
(State or country) maryland	
13. NAME George otto	
13. NAME Googe Ollo 14. BIRTHPLACE (city or town) M. Addelburg	Name of oparation Data of
(Stala or country) maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maggie Mackley 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Data of injury, 19,
(State or country) Maryland	Where did injury occur?
17. INFORMANT / Worris Srender (Address) Un 1 m B Back - 2	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Menner of injury
Place Pife creek Deta Jan 13, 1935	
10 HADERTAKEN 74BBB Land of Som	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER A DAY Lake To or (Address) N lotricuster md	If so, specify
Jan 11 25 7 00 0 Rehla	(Signed) 14 17 Mag M. D
20. FILED/My 1971	(Address) Users and Lie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		1 week ago 3 days ago
THE RUNGHU AS BEING			and ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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JORD.

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. County (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residence in city or town where death occurred __mos.____ds. statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH SINGLE, MARRIED, WIDOWED, DAVORCED (write the word) EXACTL (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. Thet I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, dey, and yeer) properly If LESS than 7. AGE Yaars Months Days stated 1 day,_ The PRINCIPAL CAUSE OF DEATH end related causes of Importance .___min. ware as follows Date of onset 8. Jrada, profession, or particular OCCUPATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. plnous may back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) On this occupetion (month end spent in this that occupetion __ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation_. (Steta or country) carefully Whet test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23: If death was due to external causes (VIOLENCE) fill in also the following: Ë Accidant, suicide, or homicide?_____ EATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?.. should be (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OF REMOVA Manner of injury -WRITE CAUSE mation Natura of Injury LION 19. UNDERTAKER (Address) If so, specify 20. FILED Jan. / 8 (Addrass) _

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	011111
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU N. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING	
FOR	
RESERVED	
ARGIN	

V. S. No. 1

-	. PLACE O			Mar		berculosis Sanatorium		
	CountyC	**		35		Lored Branch (23) Registration Dist. No. 74		
	Village or (City	nryton	, Maryla		No. St.,	Ward	
	Length of res	idence in cit	y or town where	death occurred	yrs. 3 mo	f death occurred in a horpital or institution, give its NAME instead of street and auss. ds. How long in U.S. if of foreign birth?yrsmos.		
2	. FULL NA	ME ME	artha B	lanche H	Harcum			
	(a) Resider	ice: No.5]	17 N. S			Baltimore, Md.		
	PEDSON	IAI ANI	CTATICT	(Usual place of		If nonresident give city or town and St	ate	
3. 8			OR RACE	5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
]	Female		ored		(write the word)	Jan., 26, 1935 (Month) (Day)	193	
5a.	If married, widov HUSBAND of	ved, or divor	ced		J. T. E. T. A. T.	Name of the second seco	(Year)	
_	(or) WIFE of					22. HEREBY CERTIFY, That I attended de 10/17/34 19 to 1/26/35	ceased from	
6. I	ATE OF BIRTH	(month, day,	and year) Au	gust 19,	1913	last saw h er alive on Jan., 26, 1935,	death is said	
7. /	AGE Yes		Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.15 P.M.		
- 1		1	5	7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8	Rade, profe	work done, a	s SPINNER, D	omestic			Oct.	
PAT	9. Industry of	business in s done, as SI	which (7	eneral	•••••		1934	
CCUPATION	SAW MII	LL, BANK, et	c	ousework		-		
ŏ	this occu	ONKHE	hand WII	11. Total tin				
10	BIRTHPLACE (ci		Burch			Other Contributory Causes of importance:		
14.	(State or cou	ntry)	Virgin	ia				
ER	13. NAME WI	lliam	Harcu					
FATH	14. BIRTHPLACE	(city or tow		h Store, ginia		Name of operation Date of		
-	-	country)				What test confirmed diagnosis?	opsy?No	
15. MAIDEN NAME Ora Gaston 16. BIRTHPLACE (city or town) Virginia						23. If death was due to external causes (VIOL ENCE) fill in also the following:		
						Accident, suicide, or homicide?		
IZ INFORMANT John E. O'Neill, M. D.					D.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
17.	(Address)			, Maryla		Opening minutes implify decerted in industri, in nome, of in Public PEAC	E.	
18.	BURIAL CREMAT	1/1-1	2	- 1/2	19 00	Manner of injury		
	Place	in the	mully	Date	-L., 19-5)	Nature of injury		
19.	UNDERTAKED (Address)	alu 1	N. Och	lllan	St	24. Was disease or injury in any way related to occupation of deceased? Un	know	
			4 /			Last 1		

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REGEL-VED	1915	Altack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

and the second s		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 000334
1. PLACE OF DEATH	(02-8)
County Carroll	Registration Dist. No. 81.
Village or City Mear Lunion Bridge	No. St., Ward Geath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred rrs fmo:	
2. FULL NAME Rachall Cligabet	L Waske
(a) Residence: No. Outside	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX / 4. COLOR OF RACE / 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED write the word)	Jan 20 1936
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Benjamin Haske	22. I HEREBY CERTIFY. That I ettended deceased from
B. DATE OF BIRTH (month, day, and year)	Grast saw h & elive on Dans (19 1935 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1-45 A.m.
90 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Retired at how SAWYER, BOOKKEEPER, etc.	Date of one of
9 Industry or husiness in which	100 mesor a dition of 10
work was done, es SILK MILL, Housekeeper	thronic three three
10. Date deceased last worked et this occupation (month end year) spant in this year)	monthe or longers Center
The self sich P. 2. ()	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 1/10	
Water Control of the	<u> </u>
14. BIRTHPLACE (city or town) 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	Name of operation Dete of
	—-What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Tresmeth Comments (State or country)	Accident, suicide, or homicide?, Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Hayme Playe Walker	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMIOVAL	Manner of injury
Place Mr Olive Cery Day Jan 28, 1930	Nature of injury
19. UNDERTAKER DD Harffly & Sons	24. Wes disease or injury In any way related to occupation of deceased?
(Address) union Bridge mt.	If so, specify
1 2011	/ / / / / / / / / / / / / / / / / / / /
20. FILED Jan. 21 (, 1925 Licharden Registrar.	(Signed) VIV. Figg. M. D. (Address) Alman Budta Illed

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIJDRAS V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00335
1. PLACE OF DEATH	<u> </u>
County Oasroll	Registration Dist. No.
Village or City Saudy ville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Mary Catherine 3	Vill
(a) Residence: No. Sandyville	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) Thursday Minte	21. DATE OF DEATH January (O, 193 S (Year)
5a. If married, widowed, or divorced HWSBAND of (or) WIFE of John Mary Mill	22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year) Hel. 24, 1911	1 last saw h alive on, 19; death is said
7. AGE Years Months Days IF LESS than	to have occurred on the date stated above, atm.
23 10 17 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, At Louis	Internal hemmornages caused by a gun shot wound over the
9. Industry or business in which	heart.
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) spent in this year) socupation	
O DIRTURA OF (city or town)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
W 13. NAME George H. Magner	
13. NAME Story Magnet	Name of operation Date of
(State or country) Makyland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Settles EMCCharley	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sattles Effice Clarkey 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide Suicide Date of injury Jan . 1,49 35
(State or country) Manykaud	Where did injury occur? Sandyville, Carroll Co. SMd. (Specify city or town, county and State)
17. INFORMANT August Africa Wed	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of Injury
Plece Samber Date Jane 12, 1921	Neture of Injury
19. UNDERTAKER J. France's Cure (Address) Mentinger Line Mentinger	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED // // 1933 JSCULCASON Registrar	(Signed) Westminster, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importanco:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	IION is very important. See instructions on back of certificate.
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ARGIN RESERVED FOR BINDING

County Cappoll Nd. Tuberculosis Sanatorium; Registration Dist. No. 74 Village or City. Henryton (Colored Branch) Length of residence in city or town where death occurred. O. yr. 7 mos. 34. How long in U.S. if of foreign birth? It also the control of the complete insulation, give in NAME instead of street and multiple of the color of the	1	. PLACE OF D		110	Muhamani	ogic Constantum 23	
Village of City Length of residence in City or town where death occurred O ys 7 mes. 10 s. How long in U.S. if of foreign birth? 2. FULL NAME Ida Mae Holley (a) Residence: No. 1235 McElderry (Balto., Mdje.) PERSONAL AND STATISTICAL PARTICULARS 3.5XX Female Colored S. S. SINCLE MARRIED, WHOWAD, OR NOVORCEO (earlier to word) Na Pried 5.9. Il married, widowed, or diverced (cro) wife or Robert Holley 6. DATE OF BIRTH (month, day, and year) Sept. 24, 1914. 7. AGE Years 20 Nonths 20 19 1 HEEST And Since on the date stated above, at. 7. 30 PM. S. Trade, profession, or particular since as a follows: S. Trade work of work deat worked at the stated of work of the priesting with the stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade, profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular with a stated above, at. 7. 30 PM. S. Trade profession, or particular		County Cal			Tunercur	Registration Dist. No. 74	
Length of residence incity or town where death occurred. Q. yrs. 7 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Ida Mae Holley (a) Residence: No. 1235 McBlderry (Balto., Mgt.) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 1. COLOR OR RACE S. SHALE, MARKELD WINDOWSD. On DIVORCED (whire the word) So. If married, widowed, or divorced (WILL) (HUSAND OF WIFE of ROBERT HOLLEY A. DATE OF BIRTH (month, day, and year) Sept. 24, 1914. 5. DATE OF BIRTH (month, day, and year) Sept. 24, 1914. 7. AGE Vars Saw Will, Bank, dk. Mill. Saw Mill, Bank, dk. Mil		Village or City	Henryton	1		NoSt.,_	Ward
(a) Residence: No. 1235 McElderry (Balto, Might, Ward. (Unatplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female (Colored State) (Colored State) S. SHOLE MARRIED, WIDOWED, Or BROCK (Committe word) Married (Widowed, or diversed Grown) Marri		Length of residence	e in city or town where	death occurred	yrs. 7 mos		
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the word) Married, widowed, or divorced HUSBAND HUSBAND HUSBAND HUSBAND S. JIMARIED, WIDOWED OR DIVORCED (waite the word) Married (Month) Robert Holley S. DATE OF DEATH Jan. 13, 1935. 19	2						
3. SEX TEMBLE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVOKED Camire the word) MARTIED MARTIED		(a) Residence: I	No. 1235 McI				and State
Female Colored ON DIVORCED Commit the world Married (Month) (Day) (Yesr) 53. If married, widowed, or divorced HUSBAND (Month) (Day) (Yesr) 6. DATE OF BIRTH (month, day, and year) Sept. 24, 1914. 7. AGE Years Months Days If LESAthan I day. If the Security of Married Signature of Security of Married Signature of Security or Business in which work as done, as SIKM MILL, SAW		PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
## Alexander Ruff ## Birthplace (city or town) ## Birthplace (ci				OR DIVORCE	D (write the word)	Jan.13,1935.	, 193
S. DATE OF BIRTH (month, day, and year) Sept. 24,1914. 7. AGE Years Nonths 19 14ay. hrs. for min. 8. Trade, profession, or particular skind of work done, as SPINNER. SAWER, BOOKKEFFR, etc. S	5a.	If married, widowed, o	r divorced				
S. DATE OF BIRTH (month, day, and year) Sept. 24,1914. 7. AGE Years Nonths 19 14ay. hrs. for min. 8. Trade, profession, or particular skind of work done, as SPINNER. SAWER, BOOKKEFFR, etc. S		(or) WIFE of	Rober	t Holley	7	May 30, 1934 CERTIFY. That attend	d deceased from
Strick profession or particular index of more as SPINNR. Domestic	6.	DATE OF BIRTH (mont	th, day, and year) Se	ept. 24,		Hast saw her alive on Jan. 13, 1935 , 19	, 13
S. Trade, profession, or particular in the content of the content	7.				1 day,/hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	Date of onset
12. BIRTHPLACE (city or town) Waverly (State or country) Virginia 13. NAME Alexander Ruff 14. BIRTHPLACE (city or town) Unknown (State or country) Virginia 15. MAIOEN NAME Ida Rawlings 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia 17. INFORMANT John E. O'Neill, (Address) Interview of Interview of Injury occur? 18. BURIAL OREMATION, OR REMOVAL (CADDRESS) Removal (Address) Roff of Injury University of Injury (Capture) Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 20. FILED 1/13/35. 19. Address Roff of Injury in any way related to occupation of deceased? NO 20. FILED 1/13/35. 19. Address Roff of Injury in any way related to occupation of deceased? NO	NOI.	kind of work	done, as SPINNER,	Domest	tic		
12. BIRTHPLACE (city or town) Waverly (State or country) Virginia 13. NAME Alexander Ruff 14. BIRTHPLACE (city or town) Unknown (State or country) Virginia 15. MAIOEN NAME Ida Rawlings 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia 17. INFORMANT John E. O'Neill, (Address) Interview of Interview of Injury occur? 18. BURIAL OREMATION, OR REMOVAL (CADDRESS) Removal (Address) Roff of Injury University of Injury (Capture) Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (Address) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 19. UNDERTAKER (City or town) Roff of Injury in any way related to occupation of deceased? NO 20. FILED 1/13/35. 19. Address Roff of Injury in any way related to occupation of deceased? NO 20. FILED 1/13/35. 19. Address Roff of Injury in any way related to occupation of deceased? NO	JPAT	9. Industry or busin work was don	ess in which e, as SILK MILL,		The state of the s		
12. BIRTHPLACE (city or town) Waverly (State or country) Virginia 13. NAME Alexander Ruff 14. BIRTHPLACE (city or town) Unknown (State or country) Virginia 15. MAIOEN NAME Ida Rawlings 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia 17. INFORMANT John E. O'Neill, (Address) 18. BURIAL OFEMATION, OR REMOVAL Place (Address) Roff of the country) Waver of injury (Signed) Manner of injury in any way related to occupation of deceased? NO (Signed) Menual Menu	0000	10. Date deceased las	st worked at	11. Total 1	time (years)	Pulmonary Tuberculosis	
14. BIRTHPLACE (city or town) Virginia 15. MAIOEN NAME Ida Rawlings 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia 17. INFORMANT John E. O'Neill, (Address) Itenryton, Md. 18. BURIAL PREMATION, OR REMOVAL (Address) 8047 August 19. Undertaker (Address) 8047 August 19. Undertaker (Address) 8047 August 19. Undertaker (Address) (Specify City or town) (Signed) (Signed) Manuer of injury in any way related to occupation of deceased? (Signed) Manuer of Manue	12.					Other Contributory Causes of Importance:	
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) Virginia 17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 1/13/35. 19 What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) Mas there an autopsy? 24. Was there an autopsy? 25. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in	ER	13. NAME	Alexan	der Ruft	f		
15. MAIOEN NAME Ida Rawlings 16. BIRTHPLACE (city or town) Unknown (State or country) Virginia 17. INFORMANT John E. O'Neill, (Address) Identyton, Md. 18. BURIAL GREMATIAN, OR REMOVALE (Address) South Cartely Country Co	FATH						No
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT John E. O'Neill, (Address) 18. BURIAL OREMATION, OR REMOVAL Place M. Calvary Language 1 1 1 1 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	띰	15. MAIOEN NAME	Ida	Rawling	S		
17. INFORMANT John E. O'Neill, (Address) 18. BURIAL GREMATION, OR REMOVAL Manner of injury (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 1/13/35. 19 19. UNDERTAKER (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State)	MOTH		(UI (UWII)		9	Accident, suicide, or homicide? Date of injury	-71
18. BURIAL OREMATION, OR REMOVA Place M. Construction of the place of injury 19. UNDERTAKER Reference of the place of th	17.		John E.	O'Neil	1,	(Specify city or town, county and S	tate) PLACE.
19. UNDERTAKER (Address) 8047. Carpline 19. Undertaker (Address) 8047. Carpline 19. Undertaker (Signed) 24. Was disease or injury in any way related to occupation of deceased? NO 19. Undertaker (Signed) 19. Undertaker (Sig	18.			tropie 1-	7 ,19.35		
AND THE PROPERTY OF THE PROPER	19		feet 2	fine	9.81	24. Was disease or injury in any way related to occupation of deceased?	No
	20.	FILED 1/13/3	5.19 Dep	Local	MeiWi Registrar.	(Signed) The OF M	ecl M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

_	L PLACE OF DEATH		39
	County Casroll	- MITS	Registration Dist. No.
	Village or City Westminster		No. St., W death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred		4 ds. How long in U.S. if of foreign birth?yrsmos
2	2. FULL NAME Then W. H	former	
	(a) Residence: No. 2 37 2. 7m	ain.	St., Ward.
	(Usual place of		If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTIC SEX 4. COLOR OR RACE 5. SINGLE MARRI		MEDICAL CERTIFICATE OF DEATH
	male White married		21. DATE OF DEATH (Month) (Day) (Year)
Ja.	M married, widowed, or divorced HUSBAND of Mande algire Horner (or) WIFE of Mande algire Horner		22. HEREBY CERTIFY, That i attended deceased to the state of the sta
6. 1	DATE OF BIRTH (month, day, and year) March 16	- 1873.	I last saw h_ alive on fine do , 197 ; deeth is
7. /	AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.09-m.
5	61 10 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z O	Trade, profession, or particular kind of work done, es SPINNER,	nim	Dielate Phant
Y	SAWYER, BOOKKEEPER, etc.		Marie 19
CCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc		Consule Joegens 19
0		in this	nest to
	year) occupi	ation	Other Contributory Causes of Importence:
12.	BIRTHPLACE (city or town) Tunksoury (State or country)		100
2	1		Compagnes 1/2.
HER	13. NAME George W. Horner		acceptant /
FAT	14. BIRTHPLACE (city or town)		Name of operation Date of Date of
2	15. MAIDEN NAME Released Quicke	nt	What test confirmed diagnosis 2. What test confirmed diagnosis 2. What test was due to extract a support of the
THE	16. BIRTHPLACE (city or town)		23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19, 19
2	(State or country) M. d.		Where did injury occur?
17.	INFORMANTING Mande Horner (Address) 237 & main II, Westman	inter mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	19 21	Manner of Injury
	3	23,1935	Nature of injury
19.	UNDERTAKER HBankard Ison (Address) Westminster md.		24. Was disease or injury In any way related to occupation of deceased?
	FILED / 2 2 19 31 71100	al -	If so specify If Cooping

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	Ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsat	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
C VENTAGEN -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1338
1	I. PLACE OF DEATH	93:0	,000
	County Carroll	Registration Dist. No.	4
	Village or City Pykesville (If Length of residence in city or town whara daath occurred / yrs, 7 mos.		Ward
	Length of residence in city or town whara daath occurradyrs,mos.	15 ds. How long in U.S. if of foraign birth? 26 yrs. luk. mo	s. Mula ds.
2	2. FULL NAME John Huber		3.3
	(a) Residence No. Prince Georges Co. Md. (Usual place of abode)	St, Ward. Silver Hill. Md. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-12-1166
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The armed.	21. DATE OF DEATH January (Month) (Day)	193. ³ (Year)
ba.	Husband of divorced Elizabeth Bopskick (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	P
6.	DATE OF BIRTH (month, day, and year) Refiterher 1 of 1862	i iast saw hun alive on January 93 1935	; daath Is said
	AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at 5.55A m.	
1	72 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
Z	8. Trada profession or particular		Prior to
15	SAWIER, BUURREEPER, atc.	Urteriosalerosis and Chromic	may
OCCUPATION	Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	Myrrarditis.	1933
သွတ်	10. Date deceased last worked at Nutrumons this occupation (month and year) 11. Total time (years) #0 spent in this years occupation year)		
12.	BIRTHPLACE (city or town) Mramorock	Other Contributory Causes of importance:	-,
-	(State or country) Nungary	Touchopneamorra	Jan. 8
HER	13. NAME Karl Huber		1935
FATHER	14. BIRTHPLACE (city or town) Mramorock (Stata or country) Sungary	Name of operation Date of What test confirmed diagnosis? Clinical sagns V aymionia Was there an at	utonsy? S -
ER	15. MAIDEN NAME Elizabeth Vogel	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Mramorock (State or country) Humany	Accidant, suicida, or homicide? Date of injury	
17.	(Address) Sukesule, Md.	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA) CE,
18.	BURIAL, CREMATION, OF REMOVAL	Manner of Injury	
	Place Wash, Q C. Date / - 1931	Natura of Injury	
19.	UNDERTAKER (Addyass) Cylindria Harris Harris (Addyass)	24. Was disease or injury in any way related to occupation of daceasad?	20
20.	FILED Jaw. 10, 1924 Barry Macy Registrar.	(Signed) form (Addrass) (S.D. H) Lykesylli, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset		
pare or ouser	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE C	OF MARYL	AND-	CERTIFICAT	E OF	DEATH	00333
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1. PLACE OF DEAT				(83)	
County Car	roll		25-2	Registration Dist. No.	74
Village or City	1. besu	elle : 1	nd.	No. Springfula dale Hospital St.	Ward
		1/	, (If	death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city	or town where	death occurred	7 4	2 4 ds. How long in U.S. If of foreign birth?	osds.
2. FULL NAME	homa	s di f	ackson	04	h 1
(a) Residence: No.	Stil	leausho	it ma	St. Ward. Killiamsport,	nd.
(4) 11001201100: 1101		(Usual place o	f abode)	If nonresident give city or town and	l State
PERSONAL ANI	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	7
male 7th	OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH annary 26 \$\frac{1}{2}\$, 193 5
5a. If married, widowed, or divor	ced			(month) (Day)	(Teal)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	
	-	1		angust 1st 1930, to January 26	
6. DATE OF BIRTH (month, day,	and year) M	oy lunkow	an) 1866	I last saw hom alive on annary 16 1935	_; death is sald
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7.28 m.	
. 68	8	Cupmown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or parkind of work done, a	ticular (56 1-	h-01:	1 - J	Priorto
SAWYER, BOOKKEER	ER, etc.	Farm la	VIKOV	Teneral Paralysis of the	July 1931
S. Industry or business in work was done, as SI SAW MILL, BANK, et	which LK MILL.			Incane.	
kind of work done, a SAWYER, BOOKKEEF SAWYER, BOOKKEEF Work was done, as SI SAW MILL, BANK, et O. Date deceased last work this occupation (mon		√200 17 Table			
this occupation (mon	th and	H spen	ne (years) 39 year	4	
year)		1 00001	pation	Other Contributory Causes of importance:	0.
12. BIRTHPLACE (city or town).	hupron	~		Other Contributory Canses of Importance: Circly al arternosalerosis with high	Prior to
(State or country)	Ma	shinglon C	v. ma	arterial tension. (210/110).	July 19:
13. NAME Willia	un Ja	.ckson			
14. BIRTHPLACE (city or toy	vn) hu	known		Name of operation none Date of	
(State or country)		maine		What test confirmed diagnosis? Was there en	autopsy? Mo
15. MAIDEN NAME The	linda :	Leister		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME THE	vn) Zaa	known		Accident, suicide, or homicide? Date of Injury	
(State or country))	Deleware		Where did injury occur?	
17. INFORMANT James	ulastali	Hospital		(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18, BUNIAL, CREMATION, OR RE	MOYAL ,	. 1		Manner of injury	
Welleasen	sport 1	With ha	479,1935	Nature of injury	
19. UNDERTAKER (Address)	est o	east	nes.	24. Was disease or injury in any way related to occupation of deceased?	no
0	935 Q	Harry	Meer Registrar.	(Signed) John M. Morris. (Address) (S. J. N.) Pykesville. Ind	M. D.
	75	hlambs are needed as		N. Charles Street Balaimore Parastrant I S No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00340

1. PLACE OF DEATH	(131)
County Carroll Co.	Registration Dist. No. 74
Village or City Springfield State Hospit	ol Culcognillo Md
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Oyrs2mo	s. 5 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emily Lane	
(a) Residence: No. (Daughter) 1825 E. 33rd	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO.	21. DATE OF DEATH
Female White OR DINORED (write the word)	January 31,
	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of John Lane	22. HEREBY CERTIFY, That I attended deceased from
	November 26,1934, to January 31,19 35
6. DATE OF BIRTH (month, day, and year) November 6, 1857	I last saw her alive on January 30 , 1935 ; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 12:05am.
78 2 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework	D
9. Industry or business in which	Broncho - pneumonia 1-26-35
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupation (month end Unk.	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimore	
(State or country)	General arteriosclerosis with
13. NAME John J. Brereton	chronic interstitial nephritis Unk
13. NAME John J. Brereton 14. BIRTHPLACE (city or town). Ireland	Name of operation y sical symptoms and of
(State or country)	What test confirmed diagnosis? Lab. testsWas there an autopsy? NO.
	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Calvert Co., Md. (State or country)	Accident, suicide, or homicide? Oate of injury, 19
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records, (Address) S. S. Hosp., Sykesville, Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Splatelle Lydge Cull Oate Lib . 2 , 19 35	Nature of injury.
May Coast.	24. Was disease or injury In any way related to occupation of deceased? NO •
19. UNDERTAKER ACCOUNTS AND ACC	If so, specify
10 FUE Jan 31 .35 OHanus Strist	(Signed) John L. Welhered M.D.
20. FILEO 1920 Registrar.	(Address) 6. S. Hosp. Sykuville, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1,300		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA	F DEATH	H
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na	3	1.0	1
U.U	()	4	I.

1	. PLACE	OF DEA	TH			97)	1
	County_	Ca	rroll	2003		Registration Dist. No.	4-
	Village o	r City	IaQ44-i-	svi-lle	/10	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
						death occurred in a hospital of institution, give its tvalvial instead of steet and in death occurred in a hospital of institution, give its tvalvial instead of steet and in death occurred in a hospital of institution, give its tvalvial instead of steet and in death occurred in a hospital of institution, give its tvalvial instead of steet and in death occurred in a hospital of institution, give its tvalvial instead of steet and in death occurred in a hospital of institution, give its tvalvial instead of steet and in death occurred in the institution of the steet and in death occurred in the institution of the inst	
2	. FULL N	IAME	Emma.	ALac			
	(a) Resi	dence: No	Tarri	sville		St., Ward.	
parame	DED.C.			(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	-			CAL PARTI		21. DATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				OR DIVORCED	(write the word)	January 14	, 193 5
-	Female If married, wi			Wide	2 1/	(Month) (Day)	(Year)
1	(or) WIFE o	f	arles V	Lan		22. HEREBY CERTIFY That attended	
-						11 last saw has alive on Jan 13- 1835	
	DATE OF BIR	TH (month, da Years	y, and year) A	Tril 9,	1858	to have occurred on the date stated above, at 8 m.	, death is said
	NOD.	120		55,5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8 Trade n	rofession, or p	articular	1 0 .	ormin.	were as follows:	Date of onset
NO	kind	of work done.	as SPINNER, EPER, etc	At home	2		1725
OCCUPATION	9. Industry	or business in	n which			,	
CC		wes done, es MILL, BANK, ceased last wo		11. Total ti	ma (vassa)		
ŏ	this	occupation (mo	nth and	sper	nt in this		
	,					Other Contributory Causes of importance:	10-
12.	. BIRTHPLACE (State or		Larvl	and		nestration	1 och
ER	13. NAME		T. omna	B. Cona	IS V	(10000000000000000000000000000000000000	1935
FATHER	TA RIDTHPI	ACE (city or t	own)			Name of operation Date of	
-		e or country)	1.a	ryland		What test confirmed diagnosis? Was there an a	utopsy?
HER	15. MAIDEN	NAME	Doroth	y Stoc.	dale	23. If death was due to externel causes (VIOLENCE) find in elso the following	
MOT			own)			Accident, suicide, or homicide? Date of injury	, 19
Σ	(Stat	e or country)	1.8	ryland		Where did injury occur?(Specify city or town, county and Stat	a)
17.	INFORMANT . (Address			T. Cona	nay	Specily whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	
18	BURIAL, CRE					Manner of injury	
-	Place	Gamba	r, IId	Dete	11.17,19.35	Nature of injury	
19	. UNDERTAKEI	3	J. Fr	ancis R	2020	24. Was disease or injury in eny way related to occupation of deceased?	no
_	(Address			inster,	110	If so, specify	
20	FILED SE	416	19.25 Co	Harry,	Heer	(Signed) Chab/ Foul	M. D.
	(/				Registrar.	(Address) / La Communication	THE .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY, WITH

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(83)
County Carroll		Registration Dist. No. 74
Village or City Lykesvell Length of residence in city or town where	death occurred 2 yrs 5 mos	No. Mangheld Stale Habitae St., Ward feath occurred in a happital or institution, give its NAME instead of street and number) s. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Liohol	d Loeb	
	Lakeven ave. (Usual place of abode)	Ward. Baltimone Md If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Thale Hhite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gwrite the word) Angle	21. DATE OF DEATH annary 2nd (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of	V	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 7. 7. AGE Years Months	Days If LESS than	I last sawh alive on January 104 , 1935; death is salto have occurred on the date stated above, at 6. 45
8. Trade, profession, or particular kind of work done, as SPINNER, BSAWYER, BOOKKEEPER, etc	20 1 day,hrs.	were es follows: Date of onest Crim to
SAWYER, BOOKKEEPER, etc	hut delesman	Leneral Varalysis of the Filmen Insane. 1931
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) B. 124(a spent in this a 30 years)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) New 4 or (State or country)	y.	
13. NAME Nolf I	refr	
14. BIRTHPLACE (city or town)	sknown Germany	Name of operation Name Name of operation Date of Date of Meunotogenal signs and laboratory findings. What test confirmed diagnosis? Was there an eutopsy? No
15. MAIDEN NAME Regina	Ofmann	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	knoon	Accident, suicide, or homicide? Date of injury, 19
Y (State or country) 17. INFDRMANT A A CAMPEL (Address)	Jermany 1 Jerman R	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Product Park for	n Date Jan 4 1, 1935	Manner of Injury
19. UNDERTAKER (Address) 24325 see	eisterson Ord	24. Was disease or injury in any way related to occupation of decoased? No
1-11- 2011	dan Man	(Signed) John M. Morris.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

should state

PHYSICIANS Exact statement

stated EXACTLY

AGE should be

it may

CAUSE Of DEATH in plain terms, so that mation should be carefully supplied.

B.-WRITE PLA

V. S. No. 1

TION is very important.

(Stata or country)

19. UNDERTAKER

(Address)

Hospi

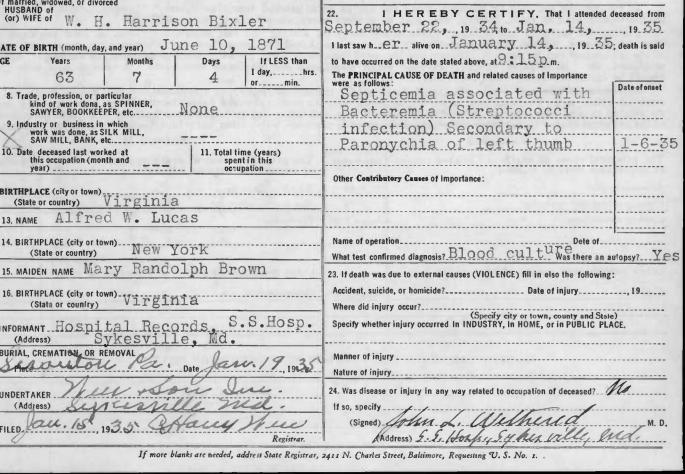
properly classified.

certificate.

See instructions on back of

of OCCUPA-

1	. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	0343
	County CARROLL Village or City Sykesville Length of residence in city or town where death	(lf	Registration Dist. No. 7 NoSPRINGFIELD STATE HOSPISAL death occurred in a horpital or institution, give its NAME instead of street and 23 ds. How long In U.S. if of foreign birth? yrs	Ward number)
2	c. FULL NAME CAROLYN I (a) Residence: No. (Brother)	UCAS 307 Quincy Av (Usualplace of abode)	re S. Scranton, Pa. If nonresident give city or town an	d State
	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	Female White	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word) Divorced	21. DATE OF DEATH January 14, (Month) (Day)	, 193 5 (Yaar)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. Harriso	n Bixler	22. I HEREBY CERTIFY. That I attended September 22, 19 34 to Jan, 14,	, 19.35
6.	DATE OF BIRTH (month, day, and year) Jun	e 10, 1871	Hast saw h.er. alive on January 14, 19 3	5; death is said
7.	AGE Years Months 63 7	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 2:15 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
ATION	9. Industry or business in which	one	Septicemia associated with Bacteremia (Streptococci	Date of office of
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	infection) Secondary to Paronychia of left thumb	1-6-35
12.	BIRTHPLACE (city or town) (State or country) Virginia	i ovapaton	Other Contributory Causes of Importance:	
2	13. NAME Alfred W. Luca	S		
FATHER	14. BIRTHPLACE (city or town)NEW YO		Name of operationDete of	autopsy? Yes
ER	15. MAIDEN NAME Mary Randol		23. If death was due to external causes (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or town) Virgini		Accident, suicide, or homicide? Date of injury	



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

BINDING ARGIN RESERVED FOR

state 1. PLACE OF DEATH Maryland Tuberculosis Sanatorium OCCI plnods County Carrol Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. ds. How long in U.S. if of foreign birth? vrs. mos. statement PHYSICIAN 2. FULL NAME Ada Marie Mack (a) Residence: No. 1440 Harford Ave., Balto. Md. ECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH January 18. 1935 OR DIVORCED (write the word) Female Colored CTL ingle (Day) (Year) 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of V EX 6. DATE OF BIRTH (month, day, end yeer) Nov . . 1916 6. certificate. 7. AGE Years Months If LESS then Deys stated 2 1 day XXXX 18 The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows: Date of onset Pulmonary Tuberculosis 8: Trade, profession, or perticular July OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Domestic 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc._____ back may plnods General Housework 10. Dete deceased last worked et 11. Total time (yeers) this occupation (month and yeer) instructions Towson 12. BfRTHPLACE (city or town). Maryland. (State or country) supplied John FATHER Mack 13. NAME Unknown, 14. BIRTHPLACE (city or town) Name of operation_ in plain Virginia (Stete or country) should be carefully Wes there an eutopsy? MOTHER important. Florence Smart 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Laurel, Accident, suicide, or homicide?__ DEATH Maryland (State or country) Where did injury occur?___ (Specify city or town, county and State) O'Neil Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very OF. Henryton Manner of injury -WRITE rion is CAUSE mation Neture of injury. 24. Was disease or injury In eny way related to occupation of deceased? (Address) If so, specify 1/18/35 20. FILED_ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRALI V. S.		· ·	
Other contributory causes of importance: Gallstones	May 1.1923	Other contributory causes of importance: Gastroenteritis	1 year
		(-	300.

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Langth of residence in gity of town where death occurred 2 yrs. mos. As they long in U.S. if of toreign birth? yrs. mos. 2. FULL NAME At and Mangum (a) Residence: No. Capital Neight Method (Unusiphed a shoole) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED Converte the word) 5. It married, widowed, or divorced (Month), 40, and year) from 2 1/857 7. AGE Years Modifs Days 1 IT LESS than 1 of minds and worked at Underside Minds and State (Month), 40, and year) from 2 1/857 7. AGE Years Modifs Days 1 IT LESS than 1 of minds and worked at Underside Minds and Month Minds (Month) Solution or particular were as follows: Solution of work done, as SPINNER. Complement Seat Landon Market M	1. PLACE OF DEAT				(31)		120
Langth of residence in fit or town where death occurred. It is shown as the control of the contr	County Carr	rll			Re	gistration Dist. No	ya-
(a) Residence: ND. Capital Neights Md (Usualphee of bloods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE BY ALL ACOLOR OR RACE OR DIVORCED (curice the word) Sa. II married, widowed, or divorced (co) WHE of Married Month, day, and year) from 2 1857 7. AGE Years Months To pay II LESS than to have counted on the date stated above, at A. m. The PRINCIPAL CAUSE OF DEATH and related accuses of importance were as follows: Saw Mill, Bahk, etc. 10. Data George and survived at language. Saw Mill, Bahk, etc. 10. Data George and survived at language. Saw Mill, Bahk, etc. 10. Data George and survived at language. Saw Mill, Bahk, etc. 11. Total tima (years) Saw Mill, Bahk, etc. 12. BIRTHPLACE (city or town). (State or country) Mall San Ame The Principal Cause of importance: But Martin American America			•				
(a) Residence: No. Capital Neights Md (Unial place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) ALL MARKET AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) ALL MARKET AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) ALL MARKET AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) ALL MARKET AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) ALL MARKET AND STATISTICAL PARTICULARS 5. SINGLE MARKET AND HOUSE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CRETIFICATE OF DEATH 1935 1935 1045 1055 1056 11 HER EBY CERTIFY, That I stended decaseed it to Antical Information of the date stated above, at I. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tolowy or both and a state of the date stated above, at I. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tolowy or both and a state of the date stated above, at I. A. m. The PRINCIPAL CAUSE OF DEATH The	2 FIRE NAME 3	Fh - By	mana	-0-11-			
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Male White OR DIVORCED (wint the word) Married, widowed, or divorced (Nomth) (N	PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTI	FICATE OF DEA	TH
HUSSAND of (or) WIFE of Manden Name Unknown 6. DATE OF BIRTH (month, day, and year) James 20th 1857 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular or min. 9. Industry of ward done, as SPINNER. Cupling (Sale today) 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. SAWYER, BODOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL BLOOK. In BIRTHPLACE (city or town). 10. Date doceased fax worked at turburary and state on fine of diagnosis or and state dabove, at 1 d. m. 11. Total tim (years) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT Phartyput of Action of Main and the following: 18. BURIAL GREMATION, OR-REMOVAL 19. UNDERTAKER 19. J. 19. J. 19. J. 19. J. 19. J. 19. J. 10. Total time (years) 10. Date doceased fax worked at turburary and state dabove, at 1 d. m. 11. Total time (years) 12. The particular declared causes of importance were as follows: 19. J. 19. J. 19. J. 10. Date doceased fax worked at turburary and turburary and tu	male It	hite .	OR DIVORCED	(write the word)	Jan		
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. UNDERTAKER (Address) 12. INFORMANT (Address) (Addre	yaar)	1731	0054	pation	Dther Contributory Canage of importance:	ma	
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15. MAIDEN NAME Mary Nalley 16. BIRTHPLACE (city or town) Mashing ton (Stata or country) D. C. 17. INFORMANT Appropried State Horfital (Records) (Address) Papervill Md 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER April Mashing Date Mashing Date Manner of injury 19. UNDERTAKER April Mashing Date	14. BIRTHPLACE (city or to	0	- 10			Da laboratory Line	te of
(Specify city or town, county and State) 17. INFORMANT Spansfield State Hospital (Records) (Address) 18. BURIAL, CREMATION, OR REMOVAL Date Jass. 23, 1935 Nature of injury (Address) 19. UNDERTAKER Shall State	Ē	1 mars	1		23. If daath was due to extarnal causes (VI	DLENCE) fill in also tha fo	ollowing:
18. BURIAL, CREMATION, OR REMOVAL Date 12.2.19.35. Manner of injury Nature of injury 19. UNDERTAKER A M. Carlotte Control of deceased? Not (Address) Manual Carlotte Control of deceased? Not (Signed) John N. Movy 1.	17. INFORMANT Sprange	held state	Hospital	(Records)	(Sp	ecify city or town, county a STRY, In HOME, or in PUB	and State) LIC PLACE,
(Address) Hashington D. C. If so, spacify John N. Morris			Date lase	23,1935			
V Signadi A			itt	0,	If so, spacify		ed? Two
20. FILED J., 19.27 Registrar. (Address (D 2 N) Dykesvilles ma	20. FILED Jane. 21, 1	934 CS	Yany,	Heel Registrar.	(Signed)		M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
N. B.	(5	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00346
1. PLACE OF DEATH	41:00
County Garroll	Registration Dist. No.
Village or City Wistminister	No. Cuttorico St., Ward
7 / (H	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Herrietta Mª Caffery	
(a) Residence: No. (Usus kolace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced 5a. If married, widowad, or divorced	21. DATE OF DEATH auwary 5 mm (Day) (Year)
HUSBAND of muchael Mc Caffery	22. I HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) July 1/ 18 3'7	I last saw h. Et aliva on Janua of 1st , 1935; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
76 3 2/ 1 day,hrs.	hard of collows.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceasal last worked at this corruption (months and the content of the corruption (months and the corruption (months	Carcieroma of Carobhogus 74 34.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	
O deceased last worked at this occupation (month end yaar)	
12. BIRTHPLACE (city or town) Fred. 60.	Other Contributory Causes of importanca:
(State or country) (md.	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of oparation Lune Date of
(State of country)	What tast confirmed diagnosis? X-Voy Was thara an autopsy? Lo
15. MAIDEN NAME Mary Jane Sarber 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to axternal causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?, Date of Injury, 19
2 (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MIRE Globa MS Gaffery (Address) Liferty of westminson md.	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OB REMOVAL Placed Johns Dan. Westminstander Jun. 3, 1933	Mannar of injury
The function of the state of th	Nature of injury
19. UNDERTAKER H. Bankard from	24. Was disaged by injury In any way related to occupation of dacaased?
(Addrass) & latininston	If so, specify
20. FILED # 130 Clebooks	M. D.
Registrar.	(Address) Wellieusten, Cleryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

A	y item of infor-	
	RECORD. Ever	TO A DECEMBER OF THE PERSON OF
K BINDING	A PERMANENT	
JARGIN RESERVED FOR BINDING	INK-THIS IS	The state of the s
JAKGIN K.	H UNFADING	** **
100	AMLY, WIT	
Z. NO. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	
>	Z	

	-CERTIFICATE OF DEATH 00347
1. PLACE OF DEATH	(82-0)
County arrall	Registration Dist. No.
Village or City Nykerville	No. 10 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence is city or town where death occurred 5 yrs 6 m	os. /2 ds. How long in U.S. if of foreign birth?
2. FULL NAME Rannie Mealen!	Both
(a) Residence: No.	St. Ward Luthuries, Ist
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("qurite the word) According	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
	- January T, 19.35, to January 1, 19.35
6. DATE OF BIRTH (month, day, end year) Theunber 14, 1879	Yiast saw h 44 alive on factoring 6, 1995; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
30 0 24 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebial Newscrales 1-40
9. Industry or business in which	Cerebral Samatriney 1-4-0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Alekente Church (State or country)	The state of the s
13. NAME William Allealin	- arebial arterior election 1929
I /	
(State or country)	Name of operation
15. MAIDEN NAME Laura Harris	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Jacketal Regards	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Alexander Ild	- Speak, makes with a second in the second i
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Spiratelly fille Canallely to Jan. 7, 1932	Nature of injury
19. UNDERTAKER Week of Son Sur. (Address) Senkerville M.S.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Jan. 7, 1935 CHarry Herr Registrar.	(Signed) Mand III. Less M. D. (Address) Suksamille III
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PROPERTY S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00348
1. PLACE OF DEATH	107:0
County Cossoff	Registration Dist. No. 72,
Village or City Selvel Runs	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?mosds.
2. FULL NAME allen Engere B	rikesell
(a) Residence: No	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Israle Heute OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Max:15. 193 2	1935 to 1935
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or posticular	Date of onset
9. Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Browling P.
O 10. Date deceased last worked at this occupation (month and year)	14
12. BIRTHPLACE (city or town) Silver Run, Ind.	Other Contributory Causes of importance:
(State or country)	Civite Brown Inter 12
13. NAME addison Mikesell	
13. NAME Addison Mikesell 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Physical - Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Adolisan Mikesell	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) A.D. Mustiminates Ind	
18. Burial, cremation, or removal	Manner of injury
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
19. UNDERTAKER (Address) (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
0 1000	If so, specify the specific that the specific th
20. FILED Jan: 18th., 193.5. Colored Sentar	(Signed) M. D. (Address) M. D.
Registrar.	Courses

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ry i	Le	ength of resid	ience in cit	ty or town w	here de	ath occurred	49
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	7. AGE	Year	rs	Month	ns	Days	
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STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. / O. ds. How long In U.S. if of foreign birth? abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH ULARS 21. DATE OF DEATH IED, WIDOWED, (write the word) HEREBY CERTIFY, That I attended deceased from 1886 If LESS than to have occurred on the date steted above, et 1 day.____hrs or____min. e (years)

What test confirmed diagnosis?

23. If death was due to external causes (VIDLENCE) fill in elso the following:

Accident, suicide, or homicide?

Where did Injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury.

24. Wasdisease or Injury In eny way related to occupation of deceased (Signed)

If more blanks are needed, address State Registrar, 24 12 N. Charles Street, Baltimore, Requesting V. S. No. 1.

in this

30 ,1935

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2. FULL NAME (a) Residence: No. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS St. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS ST. Ward. (Charlestee of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Charlestee of abode) 21. DATE OF DEATH (Charlestee of abode) 22. I HER BY CERTIFY. That I attended deceased from the abode of convince of the abode of the convince of the abode of the convince of the convince of the abode of the convince o	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00350
Village or City Length of residence in city or town where death occurred (If death occurred in a horpinal or institution, give in NAME inseed of street and number) 2. FULL NAME (a) Residence: No. (Unulplace of abodo) Village of City PERSONAL AND STATISTICAL PARTICULARS 3. SEX 3. SEX 4. COLOR OR RACE 6. OATE OF BIRTH (mont). day, and year) OR DIVOSCES (wint the port) A frace, profession, or particular wints of the port of the		Parietration Diet No. 42.
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PERSONAL AND STATISTICAL PARTICULARS DESCRIPTION OF THE PROPOSAL AND STATISTICAL PARTICULARS S. SINCLE MARRIED, WIDOWED. OR DIVOSCED Comic the yord) Sa. If married, widowed, or divorced HUSSANO of Oro, WIFL of J. S. DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than to have occurred on the date stated above, at 1.23 J. In the principal Cause of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) and Salving of Death and related causes of importance were as follows: Date of exceptation (month) (Month) (Day) (Date of Death and related causes of importance were as follows: Date of Death Account of Death and related causes (VIOLENCE) fill in also the following: Accident, suicide		- Julian
3. SEX 4. COLOR OR RACE ON DIVORCED Cornic thy world ON DIVORCED Cornic t		
OR DIVORCED Curric the word) 1935 3. If married, widowed, or divorced HUSBAND (Month) (Month) (Day) 1935 22. I HEREBY CERTIFY. That I attended deceased from the said of work done, as SPININER, SAMPER, BOUNKEPER, etc. 3. Industry or business in which work was done, as SPININER, SAMPER, BOUNKEPER, etc. 4. Industry or business in which work was done, as SPININER, SAMPER, BOUNKEPER, etc. 4. Industry or business in which work was done, as SPININER, SAMPER, BOUNKEPER, etc. 5. INDUSTRY OF BUSINESS OF DEATH and related causes of importance were as follows: Date of ceases flast worked at the said of the said of work done, as SPININER, SAMPER, BOUNKEPER, etc. (Salate or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. Date of ceases of large or the said of the sa	PERSONAL AND STATISTICAL PARTICULARS	
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Trade, profession, or particular and of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CERMATION, OR REMOVAL Place 18. BURIAL, CERMATION, OR REMOVAL Place 19. Manner of injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CERMATION, OR REMOVAL Place Address Manner of injury Manner of injury Manner of injury Name of operation. Manner of injury Manner of injury Name of injury Name of injury Manner of injury Name of injury Name of injury Manner of injury Name of injury Name of injury Name of injury Manner of injury Name of injury in any way related to occupation of deceased? If so, specify (Signer)	(or) WIFE of Mary (Bentger) Myer	22. I HEREBY CERTIFY, That I attended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance and rel		1300
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. BIRTHPLACE (city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	14. BIRTHPLACE (city or town) maryland.	
17. INFORMANT AND SELLING TO Specify whether injury occur? (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date To July Place (Address) 19. UNDERTAKER (Address) 20. FILED July: 7th., 1935. Calumit Brances (Signed) Where did injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Namer of Injury Nature of Injury Nature of Injury (Signed) (Signed) (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State)	E 15. MAIDEN NAME Many M. Stonesife	
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Place Selsely Dan Date Jan . 19.34 Nature of Injury 19. UNDERTAKER J. W. Fittle J. Lan. BARA . 24. Was disease or injury In any way related to occupation of deceased? (Address J. L.		(Specify city or town, county and State)
20. FILED June 7 th., 1935. Calent Bornes (Signer) I Suver Well M.D.	6 (A) [M91 Van. / 411	
20. FILED June 7 th., 1935. Walnut Banker (Signer) J GWEN WEST M.D.		
	20. FILED June 7 th., 1935. Oakmit Banker	(Signer) Sweet West M.D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	
FOR	
RESERVED	
IARGIN	

	e of DEATI	t all				– (131)	Pogietratic	on Dist. No.	76
	or City MA.	West	ninster		No			St.	. Wa
Length	of residence in city	or town where d	eath occurred 6	yrsmos	death occurred in a ds. How				
2. FULL		avid	Israe	& Gull	0				
(a) Re	sidence: No		· · · · · · · · · · · · · · · · · · ·		St.,	Ward.	16		10.
PER	SONAL AND	STATIST	(Usual place		M	EDICAL C		ent give city or town	
3. SEX	4. COLOR	OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF	F DEATH	Pau (Month)	(Day)	, 198 (Year)
5a. If married, HUSBANI (or) WIFE	of Cinna	Wein	ux nu	ll	22. Jan			FY That I atter	nded deceased f
6. DATE OF B	RTH (month, day, a	and year) M	arch 12	1849	Plast saw h	-	Jane	11	S.; death is
7. AGE	Years 86	Months 3	Days 20	If LESS than 1 day,hrs. ormin.	The PRINCIPAL were as follows:			auses of importance	Date of or
Trade, kin	profession, or part d of work done, as WYER, BOOKKEEPE	icular SPINNER, R, etc	Farm			arie	110, E	clera	1. 20
	y or business in w rk was done, as SIL W MILL, BANK, etc		Retire	%	C	himi	- Jul	enstition	0 10
O thi	eceased last worke coccupation (montl r)/	ed et hand 19	2 9 spe	ime (years) nt in this upation					
12. BIRTHPLA	CE (city or town)		- <i>f</i>		Other Contributes	accept Canses of Imp	The state of	-0-	Day
	r country)	· mo	1	2 11		can	ditte	2	190
13. NAME 14. BIRTH	701	usua,	m V	un	Neme of operation	n		Date	nf
4. BIKITH	PLACE (city or tow ate or country)	") <u>-</u>	nd.	2.0			Labor	Was there	e an autopsy?
15. MAIDE	N NAME	lizab	th t	Etime	23. If death was du	ie to external ca	uses (VIOL ENCE) fill in also the foll	owing:
16. BIRTH	PLACE (city or town ate or country)	10-	A.		Accident, suicide, Where did injury			Date of injury	, 19
17. INFORMAN	Sar	ah west	Thor	ras			(Specify city in INDUSTRY, in	or town, county and HOME, or in PUBLI	d State) C PLACE.
	EMATION OR REI		Date Jan	77 ,1938	Manner of injury Nature of injury				
19. UNDERTAK (Addre		Mark	Hone of	md.	24. Was disease or	r injury in any	way related to occ	cupation of deceased	17 MO
	. '/		/7.		1/	01.	1/10	Maril	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	arroll				Registration	Dist. No. 70	7
Village or Ci	ty Tauncy	town		No.		St.,	
Length of resid	lence in city or town where	death occurred -2		death occurred in a hospital or instit			
	41	~	7_ 0				
	ME Harry	y or	Mista				
(a) Residence	e: No	(Usual place	of abode)	St.,Ward.	If nonreside	nt give city or town a	nd State
PERSON	AL AND STATIST			MEDICAL C		E OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH		2,5	
male	or hite	marrie	(write the word)	10	(Month)	(Day)	, 193 <u>(</u> Ye
5a. If married, widowe HUSBAND of	d, or divorced					(bay)	(10
(or) WIFE of	inna R.	nuebaur	n	I HEREB	YCERTIF	That I attende	.6/
	7	10	150 N.W	I last saw h www alive on	Dalie 1	120 3	19
7. AGE Year	month, day, and year) s Months	Days	If LESS than	/	18	60 0 m	; death
7 5	- Months		1 day,hrs.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA		uses of importance	
8 Trade profes	sion, or particular	1 19	ormin.	were as follows:	m.	0	Date
kind of w	ork done, as SPINNER, BDOKKEEPER, etc	Tarmer		(Dont A	MILLA	e. Si	7
9. Industry or b	usiness in which			1	my c		
9. Industry or to work was SAW MILI	dona, as SILK MILL, ., BANK, etc			1 polls			1
U NID. Date decease	d last worked at ation (month and	11. Total ti	me (years) It in this				
year)			pation	Other Contributory Causes of imp	ortance:	-	7
12. BIRTHPLACE (city	or town)	g		(Meris	Jeleo	lis	,
(State or coun	try) maryl	and		andes	Va	ruleu	01
13. NAME /	ufus &	hipbey her	shaum	renal de	arce.		
14. BIRTHPLACE	(city or town)	1 0		Name of operation.	200	Date of	\ <u></u>
1 (State of	country) France	glard		What test confirmed diagnosis?	Chair	Was thera a	n autopsyl
15. MAIDEN NAM	E Bucca	shifley		23. If death was dua to external ca	uses (VIOLENCE)	fill in also the followi	ing:
5 16. BIRTHPLACE	(city or town)	8		Accident, suicida, or homicide?		Data of injury	, 19
∑ (State or	country) In an	gland		Where did injury occur?			
17. INFORMANT	nna R.	nueba	um	Specify whether injury occurred	in INDUSTRY, in H	or town, county and S IOME, or in PUBLIC I	tate) PLACE,
(Address)	Taunento	w					
18. BURIAL, CREMATI	DN, OR REMOVAL	Jamber		Manner of injury			
Place	, ceasure	Date Jan	, 19 3 1	Nature of injury			
19. UNDERTAKER	4Banka	rd +sor	2	24. Was diseasa or injury in and	way related to occu	pation of deceased?	20
(Address)	Westmin	ster m	d_	If so, specify		111	1
20. FILED SAK	38 1935 7/10	zu 18. 11	11H	(Signed)	and X	Vagel	10

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ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(579)
County Carrally	Registration Dist. No. 70
Village or City Janly Wills	No. St., Ward
Length of residence in city or town where death occurred 1 fyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry U D. Ot	1
	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	21. DATE OF DEATH
Marrie	(Month) (Day) (Year)
5a. If married, widowed, or divorced - HUSBAND of	22. A I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cumb L. CM	1934 to gam 20 1935
6. DATE OF BIRTH (month, day, and year) Not 11, 1872	I last sew h in elive on fam 070, 19,35; death is said
7. AGE Years Months Days If LESS th.	
62 2 9 1 day,	THE ENDLIFAL LAUSE OF DEATH BOO FEBREO CAUSES OF IMPORTANCE
8. Trade, profession, or particular kind of work done, as SPINNER,	A + OM
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this programming to this companion).	mule vigocaralas
work was done, as SILK MILL, SAW MILL, BANK, etc.	Divitation 4 as
10. Date deceased last worked at this occupation (month and spent in this	0.0000
year) occupation	Other Catributery Causes of importance:
12. BIRTHPLACE (city or fown)	diabetes 1. 10 yrs
(State or country)	arterio - seleratio Cardes que
13. NAME 14. BIR/HP(ACE (city or jown)	Nascular renal disease 07
14. BIR HP(ACE (city or town) (State or country)	Name of operation Plottle Date of Date of
	What test confirmed diagnosis? Was there an autopsy?
± 24.0	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury , 19
17. INFORMANT MIND: 17. U. O.L.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Janey Cross Mid	7
18-BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19, 19	Nature of injury
19. UNDERTAKER O Tugar Spup	24. Was disease or injury in any way related to occupation of deceased?
(Address) Janey Win Mik.	if so, specify
20. FILED M. 22, 1935 MARY 13. WILL	(Signed) fromas A, K farler M. D.
Defitty Registration	(Address) fanly lawn ma

If more blanks are needed Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	15 1 1000	Other contributory causes of importance:	
Utilioto/ites	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County Darro Registration Dist. No. Village or City tanks (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. _mos.____ds. statement St., (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a, If married, widowed, or divorced HUSBAND of 22. HEREARY CERTIFY That I attended deceased from (or) WIFE of 1933 certificate. 6. DATE OF BIRTH (month, day, and year) na properly Days 7. AGE Years Months II LESS than to have occurred on the date stated above. I day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo rong back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc See instructions on 10. Date deceasad last worked at 11. Total time (years) so that it this occupation (month and spent in this year) ______ occupation_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) med FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) What test confirmed diagnosis? Was there an autopsy?. MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: OF DEATH Accident, suicide, or homicide?_____ Date of Injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?__ 19. UNDERTAKER (Address) so, specify (Signed) 20. FILED. Registrar. If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requestin

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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FER 5 1935	3		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

MON is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH		(131)	
County Carroll		Registration Dist. No.	-
Village or City near Woodbine,		NoSt.,	Ward
Length of residence in city or town where death occurred	2 vrs mos	death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?	number)
2. FULL NAME Burgess N. Penn		•	
	ne.Md.	St., Ward.	
(Usual place of		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male White Single, Marri	(write the word)	21. DATE OF DEATH January, (Month) (Day)	, f935 (Year)
5a. If married, widowed, or divorced HUSBAND of Clevia M. Penn		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 1851-7-13		I last saw h alive on Jour 2 114 , 1935	death is said
7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, 5 - 3 - 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
S. Trade, profession, or particular kind of work done, es SPINNER, Miller (retired)	Bronchopusumonia.	1/29/30
9. Industry or business in which work was done, as SILK MILL,		<i>(</i>	
kind of work done, es SPINNER, Miller (1) SAWYER, BOOKKEEPER, etc. Miller (1) 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time this occuration (month) and 11. Total time this occuration (mont	o (voore)	-	
- I this occupation (months and	in this 42 VI	g	-
0		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) SETTOLL VO. (State or country) Many and.		Chronic Interstelias Ucabiel	1930
	enn		1.7.00
14. BIRTHPLACE (city or town) Unknown		Name of operation Date of	-
(State or country)		What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Drucilla Selby		23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME Drucilla Selby 16. BIRTHPLACE (city or town) Unknown (State or country)		Accident, suicide, or homicide? Date of injury Where did Injury occur?	
f7. INFORMANT Mrs. Olevia M. Penn. (Address) K. F. D. Woodbine, Md.		(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
f8. BURIAL, CREMATION, OR REMOVAL Place Bethel CemeteryDate Jens	v. 5.19.35	Manner of injury	
19. UNDERTAKER 6. M. Haltz, (Address) Hagfield, Md.	2,4-33	24. Was disease or injury in any way related to occupation of deceased?	Dro .
20. FILED Jun 3, 1935 EM Fa	Registrar.	(Signed) Lile (Stately (Address) Line windson	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gaussones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 . E. 140. I	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-		CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
	1		1	Sec. of	

STATE	OF MARYLAND—	CERTIFICATE OF DEATH	356
1. PLACE OF DEATH	THE CURPON TO CIM	[3]	12
County Carroll	~ / //	Registration Dist. No.	
Village or City Westman	nole	No. 122 E. G seen St, 7	Ward
Length of residence in city or town when		death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?	er) ds.
2. FULL NAME Eva	Elezebath P	hillips	
(a) Residence: No. 122. 2	Seem	St., Ward.	
DEDCONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIS  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Female white	OR DIVORCED (write the word)	/ - 2 7 - , 193	多の Year)
5a. If married, widowed, or divorced to the HUSBAND of the Late Le (or) WIFE of	wis H. Phillips	22.   HEREBY CERTIFY, That I attended decea	sed from
B. DATE OF BIRTH (month, day, and year)	Jug 25 - 1841	I last saw h_R_r alive on 1-26 - 1935 dee	th is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
93 5	2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	a of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7 000	Myrcarolles (Carrow)	001011001
SAWYER, BOOKKEEPER, etc  9. Industry or business in which	20000	Mystalis ("1")	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	land	Other Contributory Causes of importance:	
13. NAME James Ba	ker		
13. NAME James Ba 14. BIRTHPLACE (city or town)		Name of operation Dete of	
(State of country) / war	yland	What test confirmed diagnosis? Was there an autops	y? Zec
15. MAIDEN NAME Marand  16. BIRTHPLACE (city or town)	a Haynes	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (State or country)	lain d	Accident, suicide, or homicide?	19
17. INFORMANT Herbert (Address) Westmins	hillips	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	w- ma	Manner of injury	
Place Deer Park	Date & an 29 , 1935	Nature of injury	
19. UNDERTAKER HBankar (Address) / Westmin		24. Was disease or injury in any way related to occupation of deceased?	ó
20. FILED / 2 f., 19 JV	for some	(Signed) W. C. Strandle (Address) Wisstram Dlan Ke	J. D
If mor	e blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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FEE 5 1505				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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item of should of OCC		Village or City
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INS ent		Length of residence in city or
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JRD. Every IYSICIANS statement		(a) Residence: No.
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NDIN RMAN XAC classifi		If married, widowed, or divorced HUSBAND of (or) WIFE of
BINDING ERMANEN EXACTI y classified.	-	
	_	DATE OF BIRTH (month, day, end
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70	NO	8. Trade, profession, or perticukind of work done, es S SAWYER, BOOKKEEPER,
VE	ATI	9. Industry or business in whi
K—T rould may back	SUP	work wes done, es SILK SAW MILL, BANK, etc
INI S. S. S	Ö	10. Date deceesed last worked this occupetion (month a
ARGIN RESERVED UNFADING INK—THIS supplied. AGE should be terms, so that it may be instructions on back of	_	yeer)
ARGIN RE NFADING pplied. AGE erms, so tha instructions	12.	BIRTHPLACE (city or town)
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ARG] UNFA pplied terms, instru	FATHER	13. NAME
H U sup	AT	14. BIRTHPLACE (city or town).
	-	(Stete or country)
> 2 - 4	MOTHER	15. MAIOEN NAME
car TH orta	TOP	16. BIRTHPLACE (city or town).
PLAINLY, WI hould be careful OF DEATH in pvery important.	-	(Stete or country)
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PI PI OF Ver	18	BURIAL, CREMATION, OR REMO
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STATE OF MAR  1. PLACE OF DEATH		CERTIFICATE OF DEATH	301
County Careall		Registration Dist. No. 7	1
Village or City Account to Length of residence in city or town where death occurred.	8 yrs 0 mas	No. De Course Vield Viale Handle of steet and au  death occurred in a hospital or institution, give its NAME instead of steet and au  2 ds. How long in U.S. if of foreign birth?	
$\rho$		mos	
	du	1.11	1
(a) Residence: No. (Usual place	of abode)	St., Ward. Use Many Ward or town and S	lace
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	RIED, WIDOWED, D. (write the word)	21. DATE OF DEATH  (Month) (Day)	1935
Sa. If married, widowed, or divorced HUSBAND of			(seat)
(or) WIFE of	Total Control	22. HEREBY CERTIFY, That I ettended de	
	1 1010		
AGE Yeers Months Days	If LESS than	I last saw h At elive on August 31, 19 3 5; to heve occurred on the dete steted above, at 11, 45,0 m.	deern is seid
66 9 20	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
1 9 Trade profession or portionles	ormin.	were es follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	uco	Cerebral Vemorrhage	1-20-
9. Industry or business in which		was in and and	
SAWYER, BOOKKEEPER, etc			
	ime (yeers) nt in this		
yeer) occi	upation was	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town)	sundy		
(Stete or country) Manykan	1,	-	
13. NAME John Cenau  14. BIRTHPLACE (city or town) Names	1 1		
14. BIRTHPLACE (city or town) Warrand (Stete or country) Warrand	county	Name of operation Dete of	
(Stete or country)	1 7/-	Whet test confirmed diagnosis? Was there an au	opsy?
15. MAIOEN NAME Mary E. Zalo  16. BIRTHPLACE (city or town) Name  (State or country)	1	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Manual (Stete or country)	County-	Accident, suicide, or homicide? Date of injury	, 19
il to the P		Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT Aspertal (e. (Address)	lards	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
B. BURIAL, CREMATION, OR REMOVAL	4.	Manage of Injury	
Plece Couden Park " Patte Date Flor.	4 ,1935	Menner of injury	
19. UNDERTAKER E. Leroy Stiffler, 1. (Addiess) 1258 Northall Balt	mc.	24. Was diseese or injury in any wey related to occupation of deceased?	*******
20. FILED FLE. / 19-35 CHarry 11.	Registrar.	(Signed) Marie Ut. Selec. (Address) Supplementally Whole	M. D
76 U 1 11		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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CHOPAU V. 2:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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should item of PHYSICIANS statement RECORD. Exact stated EXACTL classified. certificate. properly may AGE should instructions supplied. plain terms, ould be carefully important. OF TION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Carroll County Registration Dist. No. Village or City Near Taneytown No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs, mos. ds. 2. FULL NAMEJohn H. Ridinger (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Mal a White 5a. If married, widowed, or divorced HUSBANO of E.Ridinger Clara That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) NOV. 11, 1856 7. AGE Months If LESS than Days to have occurred on the date stated above, a I day, ..... hrs. 78 The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Oata ol onsst 8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation __ 12. BIRTHPLACE (city or town) (State or country) 13. NAME Peter Ridinger 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of injury_____ 19_____ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Mrs. John H. Ridinger Toney town, Md. R#3 (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Date Jan . 7 24. Was disease or 19. UNOFRTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

				CERTIFICATE OF DEATH	1359
1. PLACE OF DEAT	amall	THIN COPEN	PAZZ IMITS O	93-0	
County Cal	CMOAL		PATELIMITA	Registration Dist. No.	2
-Village or City_Ne	stminste	r,	(If	No. 111 Panna, Ave., St., f death occurred in a hospital or institution, give its NAME instead of street and	mumber)
			9yrsmos	sds How long in U.S. if of foreign birth?yrsm	
2. FULL NAME	Charles	M'C. R	uthrauff,	<b>9</b>	
(a) Residence: No		111 Pe	nna Ave	St., Ward.  If nonresident give city or town and	State
PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male W	n or race	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH  January, 1,  (Month) (Dey)	., 1935. (Year)
5a. If merried, widowed, or divo HUSBAND of (or) WHEE OF	manda Ri	uthrauf	f	22. I HEREBY CERTIFY, That i attended	deceased from
6. DATE OF BIRTH (month, day			2	I last saw han alive on 1950	); death is seid
7. AGE Years	Months	Days	If LESS than  1 dey,hrs.	to heve occurred on the date stated above, at 2.450 m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
72	14	9	ormin.	were as follows:	Date of onset
8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, as S SAW MILL, BANK, e 10. Date deceased last wor this occupetion (mor yaer)	which ILK MILL,	Floris	ima (years)		Att. co
12. BIRTHPLACE (city or town). (Stete or country)		iamspor ryland.	t.,	Other Centributery Causes of importance:	1934
13. NAME P	eter S.F	Ruthrau	ff		
13. NAME P  14. BIRTHPLACE (city or to (Stete or country)	wn) Fran	Penna.	0.	Neme of operation Date of Whet test confirmed diegnosis? Was there an	
15. MAIDEN NAME	Mary Ar	n Hous	er,	23. If death was due to external causes (VIOLENCE) fill In also the following	1
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn) Green Pe	Castl	e.,	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT Mrs. A. (Address) 11 Pe			f, nster.Md	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pl	ACE.
18. BURIAL, CREMATION, OR R	EMOVAL		1	Menner of injury	
Pledestmins	ter Cemi	L.Vate Jan	y 4, 1935	Nature of Injury	
19. UNDERTAKER (Address)	m. Ha	et.		24. Wes diseese or injury in any wey related to occupetion of deceesed?	no.
20. FILED	1935	wo.	Registrar	(Signed) (Address)	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ULDEAU, V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1 ż

	E OF DEA	тн	MARYL —		(3)	11-
County	, Can	M			Registration Dist. No.	4
	0	ykewille ty or town where death	occurred 3		ND. Alvangfield State Bushilso St., death occurred in a happing or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	
2. FULL	NAME	Illiam Da	vid Sco	tt		
(a) Re	esidence: No	Lan	el md.		St., Word Laurel, Ind.	
nen	CONAL AN		(Usual place of al		If nonresident give city or town and	State
. SEX		R OR RACE 5.			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH //	
male	In	lute	SINGLE, MARRIEL OR DIVORCED (w Widowe	rite the word)	(Month) (Day)	, 193 (Year)
a. If married, HUSBANI (or) WIFI	widowed, or divo	lacde Elizab	eth Lenn	non.	22. I HEREBY CERTIFY, That I attended Accomplex 15 1931 to Lamary 18	deceased from
DATE OF B	IRTH (month, da	y, and year) Angu	not 18 1	851	I last saw h um alive on farmary 179 1935	_; death is sale
. AGE	Years 83	Months 5	Days 1	If LESS then day,hrs.	to have occurred on the date stated above, at 2.10 A .m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, kir	profession, or pond of work done,	erticular as SPINNER, Aay PER, etc.		ainter	Cerebral arteriosclerosis	Prin
9. Indust	ry or business in rk was done, as S W MILL, BANK,	which SILK MILL.	a O.R.R.Co		- 7	-
1D. Date thi		rked at December	11. Total time (	(years) 54 years	Metral monfliouncy and Chronic Mephritis.	Brin to
z. BIRTHPLA	CE (city or town)				Other Coutributory Causes of importance:	1931
1	70 1		pland.			-
	PLACE (city or to	7. 1.			Name of operation	-
1 (3	tate or country)		nd.		What test confirmed diagnosis? and laboratory fundings. Was there an	autopsy? he
15. MAIDE	N NAME	mely mil			23. If death was due to external ceuses (VIDLENCE) fill in also the following	g:
16. BIRTH	PLACE (city or to tate or country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nd.		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
7. INFORMAN (Addre		reld State Ho Dukesville.	shital (Re	cords]	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
8. BURIAL, CI	REMICHON, OR I		Dajo Melli	19,130	Manner of injury	
9. UNDERTAK (Addre		ryd of	Laise	50)	24. Was disease or injury in any wey related to occupation of deceased?	no,
O. FILED	au 18.	1936-CA	any	Registrar.	(Signed) John M. Morris  (Appropriate J.S. N. Jukosville, md	

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Length of residence in city or town where death occurred 2D yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00361
Village or City Posses Services and Services City or town where death docurred Dyrs. mps. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs. how long in U.S. it of foreign birth? yrs		5-0
Length of residence in city or town where death occurred Dyrs. mps. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. mos. ds. How long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and State of how long in U.S. it of foreign birth? yrs. and yrs.	County	Registration Dist. No. 2
Length of residence in city or town where death occurred 2 cm	Village or Cityneau Janey (MIN)	
2. FULL NAME  (a) Residence: No. (Usualplace of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARKIED, WINDOWED  OR DIVORCED (Givin the Ayord)  55. If married, widowed, or divorced  HUSSAND of work downed, or divorced  HUSSAND of BRITHER, SOURCE, FR. 19. 35. In the law occurred on the date stated above, at 7		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the poor)  5. If married, widowed, or divorced WUSARIO (Month)  6. DATE OF BRITH (month, day, and/ser)  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular in the poor of bearing in the poor of the poor of the poor of bearing in the poor of the p	0 1 . 6 0 8/1 /0	<i></i>
A. COLOR OR RACE  S. SINGLE, MARRIELD, WINDOWED, OR DYNORED GO BY VORCED Gravite the word)  St. If married, widowed, or divorced HUSBAND of North Color of St. If married, widowed, or divorced HUSBAND of North Color of St. If married, widowed, or divorced HUSBAND of North Color of St. If married, widowed, or divorced HUSBAND of North Color of St. If married, widowed, or divorced HUSBAND of North Color of St. If married, widowed, or divorced HUSBAND of North Color of St. If married, widowed, or divorced HUSBAND of North Color of St. If Married, Widowed, or divorced HUSBAND of North Color of St. If Married, Widowed, or divorced HUSBAND of North Color of St. If Married, Widowed, or divorced HUSBAND of North Color of Nort	(a) Residence: No.	St., Ward.
3. SEX  4. COLOR OR RACE OR DYORCED (With the word)  5.58. If married, widowed, or divorced (vo)_MISAND or (Color) (Wish or Color) OR DYORCED (With the word)  5. DATE OF BIRTH (month, day, and/ear) OR DATE OF BIRTH (month, day, and/ea		
OR DIVORCED Cubic the purpose  So. If married, widowed, or divorced  (WSAND of Committed Committ		
HUSAND of Consultive Manual Andrews (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (State or country)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (Journal Sawy)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (Journal Sawy)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (Journal Sawy)  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Sawy (Journal Sawy)  9. Industry (Journal Sawy)  10. Date of importance: Journal Sawy (Journal Sawy)  11. Informant/Journal Sawy (Journal Sawy)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME (Lating of town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME (Journal Sawy)  16. BIRTHPLACE (city or town)  (State or country)  17. Informant/Journal Sawy (Journal Sawy)  18. BURIAL, CREMATION, OR REMOVAL (Maidress)  18. BURIAL, CREMATION, OR REMOVAL (Maidress)  19. UNDERTAKER (Journal Sawy)  19. UNDERTAKER (Maidress)  20. FILED Janua 31. 1936 Table Malance of injury  21. Was disease or injury in any way related to occupation of decessed? (Maidress)  22. Was disease or injury in any way related to occupation of decessed? (Signed)  (Ardfress)	M OR DIVORCED (write the word)	Joen 18 ,193 5
7. AGE Years Months Days If LESS than 1 day	HUSBAND of	1 HEREBY CERT! FY, That J attended deceased from
7. AGE Years Months Days If LESS than 1 day	6. DATE OF RIRTH (month day and year) 919 2.5. 1888	(Mast saw h wast alive on Jour 28 1933 death is said
8. Trade profession, or particular kind of work dome, as SPINNER.  SANYER, BOOKKEPPER, etc  9. Industry or business in which work was done, as Sit MILL,  SANYER, steel in which work was done, as Sit MILL,  10. Date deceased last worked at this occupation month and year)  11. Total time (years) spent in this occupation month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURNAL CREATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  Address)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  10. Jack of country In any way related to occupation of deceased?  16. Signed)  17. Signed)  18. Survival Creation of the country of		to have occurred on the date stated above, at 7 - m.
Register Country)  23. Hard Place (city or town).  (State or country)  24. BIRTHPLACE (city or town).  (State or country)  25. BIRTHPLACE (city or town).  (State or country)  26. BIRTHPLACE (city or town).  (State or country)  27. Informant (State or country)  28. BIRTHPLACE (city or town).  (State or country)  29. Industry  20. BIRTHPLACE (city or town).  (State or country)  20. BIRTHPLACE (city or town).  (State or country)  21. BIRTHPLACE (city or town).  (State or country)  22. BIRTHPLACE (city or town).  (State or country)  23. If death was due to external causas (VIOLENCE) fill in also the following:  24. Accidant, suicide, or homicide?  25. BIRTHPLACE (city or town).  (State or country)  26. BIRTHPLACE (city or town).  (State or country)  27. INFORMANT (NOT town).  (Specify city or town).  (Specify city or town, country and State).  28. BURIAL CREMATION, OR REMOVAL  Place  29. Industry  20. FILED (AM 31. 1936 CLAM)  21. Malnung food  (Signed).  (Address)  (Address)  (Signed).  (Address)  (Address)  (Signed).  (Address)  (Address)  (Signed).  (Address)		ware as follows:
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. 1936  CUARL  Country  City or town  Country  Country	8. Trade, profession, or particular kind of work done, as SPINNER, Javenule	Buttaly
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. 1936  CUARL  Country  City or town  Country  Country	9. Industry or business In which work was done, as SILK MILL,	A. I we
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. Other Contributory Causes of importance:  (State or country)  Name of operation.  Nation operation.  Name of oper		Carromanoas
13. NAME (Little or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (Little or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Little or country)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED A. 31. 1936 That M Melving Last (Signed)  (Sitale or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED A. 31. 1936 That M Melving Last (Signed) (Signed) (Signed) (Signed) (Address)  (Address)  (Signed) (Address)  (Address)  (Signed) (Signed) (Signed) (Address)  (Address)	year) occupation	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  20. FILED  21. 19.36  Cathal M. Mehring  10. Ame of operation.  Name of operation.  Nature diagnosis?  Nature diag		Comme of welale 5 ps
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT/// Continuous Comments of the country occurration occurration occurration of the country occurration occurratio		arteria saffairte Cardes que
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Clear and the state of the	I 13. NAME ( uguslus turne)	1) asrular remal disease 19
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT/// O Trealist Country  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED Am 31. 1936  15. MAIDEN NAME  O Trealist Connected diagnosis?  Was there an autopsy?  22. If death was due to external causas (VIOLENCE) fill in also tha following:  Accidant, suicide, or homicide?  Date of injury.  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of injury.  19. UNDERTAKER  (Address)  16. So, specify  (Signed)  (Signed)  (Address)  M. D  (Address)  M. D  (Address)  M. D  (Address)  M. D  (Address)	14. BIRTHPLACE (city or town)	Name of operation. Date of
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Address  19. UNDERTAKER  (Address)  20. FILED  20. FILED  21. 1936  Where did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  124. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Address)  M. D  (Address)		What test confirmed diagnosis? Was there an autopsy?
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Address  19. UNDERTAKER  (Address)  20. FILED  20. FILED  21. 1936  Where did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  124. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Address)  M. D  (Address)	I 15. MAIDEN NAME (OF GAME)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  20. FILED  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury In any way related to occupation of deceased?  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Specify city or town, county and State)	State or country)	
18. BURIAL, CREMATION, OR REMOVAL  Place Self-orient Javan Data San 3/, 1931  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  26. FILED an 3/, 1936 Elfal M Mehring Local  (Signed) (Signed) (Address) M. D. (Address) M. (Address) M	17. INFORMANT Mrs Frederide a Stank	(Specify city or town, county and State)
Place State Data M. Data M. J., 1931. Nature of injury  19. UNDERTAKER Data M. Mehring Local (Signed) (Signed) (Address) M. D. (Address) M.		Manage of Lithur.
19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  25. FILED an 31. 1936 Ethal M. Mehring Local Registrar.  26. Was disease or injury in any way related to occupation of deceased?  (Signed) (Address)  (Address)	Place Reformed Jam Data Jan 31, 1935	
20. FILED Jan 31, 1936 Etfal M. Mehring Local (Signed) Aboute A. Harling M. D. (Address) During ham und		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Jan 31 1936 Ettal M. Mehing Local	(Signed) Market M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(31)
County Caracll			Registration Dist. No.
Village or City - Freedom,	R.F.	D.Sylresvi	ll No. St. W
Length of residence in city or town where de	eth occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Anamint	s Ship		
TO THE PARTY OF TH	reedom		St Ward.
(a) Residence: No.	(Usual place	A	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	S. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH MAN 20 5
Fomale White		sle	(Month) (Dey) (Year)
Sa. If married, widowed, or divorced HUSBAND of			22. / 1 HEREBY CERT1FY, That I attended deceased f
(or) WIFE of			1/15 ,1935, to 1/18 ,193
6. DATE OF BIRTH (month, day, end yeer) 185	3-2-26		I last saw h_R alive on / / 8 ,1935; death is
7. AGE Years Months	Days	If LESS than 1 dey,hrs.	to heve occurred on the date stated above, atm.
81   10	24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	None		Chranele refurites 10 m
SAWYER, BDOKKEEPER, etc			( terresp ( leaf)
work was done, as SILK MILL, SAW MILL, BANK, etc.			
1D. Date deceesed last worked et this occupation (month and	11. Total	time (years)	
year)		upation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carrol	l Co.		11.7
(State or country)	1500		Mella regurgitation, 10 %
H 13. NAME Larkin S	hip le		15 proper liestary
13. NAME Larkin S  14. BIRTHPLACE (city or town) Garres	11 00.		Name of operation
(State or country)	+ 6 53-4	plat	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
C = 2022 2	77 00		23. If death was due to external causes (VIOLENCE) fill in also the following:
E (Stete or country)	TI OO.		Accident, suicide, or homicide?, 19
Mars Dallar	Ucinos		(Specify city or town, county and State) Specify whether injury occurred in NUDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT MAS RODGES (Address) R. F. J Sylvey	ille.M	d.	opening whether the booker, in nomic, or in tobele texce.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury
Place Epshezer Centy.	DateJon	IX, 23., 1935.	Nature of injury
19. UNDERTAKER 6. m. Ha	15		24. Was disease or injury In eny way related to occupation of deceased?
(Address) infield	Ja.		If so, specify
20, FILED Jan 21 1935 CH	any	Hew	(Signed) Herry Gestell
		Registrar.	(Address) Y// HPmeler // 13 //

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroentcritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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00363

1. PLA	CE OF DEA	TH			<u> </u>	
Cou	inty Carrol	1			Registration Dist. No.	78
	age or City	Taylors			St., f death occurred in a hospital or institution, give its NAME instead of street at the street at	
2. Fill	L NAME	Emil	Jane	the,		
	Residence: No.	Juylo	n velle	Md.	St., Ward.  If nonresident give city or town a	and State
PE	RSONAL AN	D STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLO	OR OR RACE	5. SINGLE, MARI OR DIVORCED Single	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  Jan. 3, 1935.  (Month)  (Day)	, 193
5a. If marri	ed, widowed, or divi	orced				
(or) W	IFE of				22. I HEREBY CERTIFY, That I attend	
6. DATE OI	F BIRTH (month, da	y, and year)	Jan. 3,	1935	I last saw h alive on, 19	
7. AGE	Yaars O	Months	Days O	If LESS than  1 day  orhrs.	to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Tra	de, profession, or p kind of work done, SAWYER, BOOKKEI	articular as SPINNER, EPER, etc	none		Still born	Date of onset
9. Ind	ustry or business in work was done, as SAW MILL, BANK,	n which SILK MILL, etc				
10. Dat	te deceased last wo this occupation (mo year)	rked at onth and		me (years) t in this pation		
12. BIRTHP	LACE (city or town)	Taylor rroll C	sville o. Md.		Other Contributory Causes of importance:	
13. NA	ME ille	gitimat	e			
13. NA 14. BIR	THPLACE (city or to				Name of operation Date or	f
œ wa	(State or country)	Ale The Si	C 1.		What test confirmed diagnosis? Was there a	
a ed little in the	THPLACE (city or to (State or country)	own) Day.	Carroll	Co.	23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide?  Where did injury occur?  Where did injury occur?	, 19
	ANT Miss Mt.	Ruth Em	ily Smit	th	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	CREMATION OR I	- 11/	M. Date Jan.	3 ,19.34	Manner of Injury	
19. UNDERT	AKER 6	M. M. M	als mu	1	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	
20. FILED	an 3,	19.3.3	Em. 5	arvq Registrar.	(Signed) Arouly Gratil  (Address) Mt. Airy, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
11					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	الــــــا				

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH		(ISI)	
County Causell		Registration Dist. No. 76	
Village or City welan Wes	Turiuster	Ala	
	7 (11	death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death oc	curred 25 yrs, mos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Tathy	sine Stor	nus	
(a) Residence: No. Mas Miss	stricuster Journal place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	- Companies
	GLE, MARRIED, WIDOWED.	21. DATE OF AFATH	
Figure White OR	DIVORCED (write the word)	January 29 1935 (Year	
5a. If married, widowed, or divorced	names	(Month) (Day) (Year	r)
(or) WIFE of Junes M. 1	lonns	HEREBY CERTIFY. That I attended decessed	from
6. DATE OF BIRTH (month, day, and year)	le 7. 1865	1-28-35	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 9 2, m	Said
69 10 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or perticular	ormin.	were as follows:  Mysen-lilis (Cla)  Date of or	enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	home_	Mahorles (Chr.)	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at	11. Total time (years) spent In this		
this occupation (month and year)	spent In this		
In BIRTINI CO City	1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)			
13. NAME Ball	1.4		
E Jour San	evo		
(State occountry)		Name of operation Date of	20
70200	It.	What test confirmed diagnosis? Was there an autopsy?	20
I	xsuev_	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town  (State or country)		Accident, suicide, or botorcide? Date of injury, 19	
1 (State of country)	lauy	Where did intery occurry (Specify city or town, county and State)	
17. INFORMANT James M. (Address)	Lotus Uld	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	1.1	Manner of injury	
Place Alistus Cumulurgrate	Jet 1 , 1935	Neture of injury	
19. UNDERTAKER J. Franceis	Pune	24. Was disease or Injury in any way related to occupation of deceased? Zo	
(Address) / Wastering	ster med	If so spenity	
20 FUED (/B/ 103/ 77)	1120000	W. C. Smille	M. D.
20. FILED 2 19WV	Registrar.	(Address) exportantly the	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

20. FILED Nam. 2

00365

all -	82-2
	Registration Dist. No. 75
anenesia	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
r town where death occurred Z yrs 6 mos	
Jalous A. Steam	nada
ovic at a good	7.2
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O:
OR DIVORCED (write the word)	Jan 28 1935
ne marries	(Month) (Day) (Year)
- St	22.   I HEREBY CERTIEY, Thet I ettended deceased from
a sump	Dec 1 1934 to Jan 28 1935
nd year) 10c. 15 1870	I last saw h unative on Jan 28 1936 death is said
Months Days If LESS than	to have occurred on the date stated above, at F. 9m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importence
ular / () /	were as follows:
SPINNER, Organ Maner	Cerebral Henry has 1/28/31
sich	3/10
· mill,	
end (C) 2 (c) 11. Total time (yeers)	
c. 17.24 occupation	Dther Contributory Cancer of importance:
	arthus clerock
rauffound	Hyleroten organ
1 Stumps	
	Name of operation Date of
Germany	What test confirmed diagnosis? Was there an autopsy?
radie Kales	23. If death was due to external causes (VtDLENCE) filt in also the following:
	Accident, suicide, or homicide? Date of injury, 19
L'anienus	Where did injury occur?
11- 81-6	(Specify city or town, county and State)
and xilling h	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
DVAL 7	Manner ol injury
esta 441 Date 1-30 ,1935	Neture of injury
1.11/20.8	
ymies Dous	24. Was disease or injury in any way related to occupation of deceased?
conessex ma	If so, specify
2 Mrs A. P. J. Denner	(Signed) M. D.
Registrar.	(Address) Manchielle Md

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

be properly classified.

certificate.

TION is very important. See instructions on back of

PHYSICIANS should state Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00366

1. PLACE OF DEATH		95-8		
County Carroll		Registration Dist. No. 744		
Village or City Sykesvil.	le	No. SPRINGFIELD STATE HOSPICTAL Ward		
Length of residence in city or town where dea	th occurred yrs 5 r	(If death occurred in a hospital or institution, give its NAME instead of street and number) nos. 24 ds. How long In U. S. if of foreign birth?		
2. FULL NAME Jennie				
(a) Residence: No. 469 S. A		Md.  Baltsimore, Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 6, 193 5  (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm . H. Walt		22. I HEREBY CERTIFY, That I attended deceased from		
		July 30 , 19 34, to January 6, 19 35 death is said		
6. DATE OF BIRTH (month, day, and year) Mar 7. AGE Years Months	ch 27, 1869  Davs   If LESS then	70.70		
64 9	9   1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, HOI SAWYER, BOOKKEEPER, etc.	usewife	Arteriosclerosis, general; with Unk. Hypertension . Nunction, unknown. Unk.		
kind of work done, as SPINNER, HOT SAWYER, BOOKKEEPER, etc. HOT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month end		Eu.\$.07.		
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Annapo:	lis, Maryland	Other Contributory Causes of importance: Acute cardiac decompensation, 1-6-3		
1 7 1 10 10		- with courte cardises delatation; rudden deathe		
Handler   13. NAME   Darby Mullen   14. BIRTHPLACE (city or town)   Irelai   Control   Irelai   15. NAME   Darby Mullen   15. NAME   Darby Mullen	nd	Neme of operation None  What test confirmed diagnosis? Clinical was there an autopsy? No		
1		23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Margaret By 16. BIRTHPLACE (city or town) (State or country) Irela	nd	Accident, suicide, or homicide?		
17. INFORMANT Husband (Address) 469 S. Augus		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR HEMOVAL	Date Jan 18 193	Manner of injury		
19. UNDERTAKER John L. Co (Address) Salling	wow + Sou	24. Was disease or injury In any way related to occupation of deceased? NO		
20. FILED Jane. 7, 1935 QH	Registrar.	(Signed) Carry F. Paer, M.D. (Address) Sykesville, Md.		

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FURCAU V. S.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	STATEMENTS	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

M,

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	. 7		( Exa	3-3-	
County Carro.	700000000000000000000000000000000000000		Registration Dist. No.		
Village or City	Woodbine,	a	No. St. death occurred in a hospital or institution, give its NAME instead of street	ward	
Length of residence in city or tow	n where death occurred_2		ds. How long In U.S. if of foreign birth?yrs		
2. FULL NAME Cha	arles Welsh				
(a) Residence: No.	near Wood		St Ward.		
	(Usual place	of abode)	If nonresident give city or town		
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEAT	H	
3. SEX 4. COLOR OR R. White	OR DIVORCE	RIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH  January, 4,  (Month) (Day)	, 193 5 (Year)	
5e. If married, widowed, or divorced HUSBAND of (se) with of Margai	cet C.Welsh		22. 1 HEREBY CERTIFY, That I atte	nded deceased from	
6. DATE OF BIRTH (month, day, and yes	× 1876-6-18			ــرنا المحالية death is sai	
7. AGE Years Me	Days 16	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 30 - p m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular				Date of onset	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	NER, Farmer		Gerebral apolegas	1/3/30	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.	L,		Cerebral apoplosis	1/3/30	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Work was done, as SILK MIL SAW MILL, BANK, etc. Olo. Date deceased last worked at this occupation (month and	.L, 1935 II. Total ti	ime (yeers)	Cerebral apoplosis	1/3/30	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK Mill SAW MILL, BANK, etc	L,  1/ 193511. Total ti sper contact Co.	ime (yeers) nt in this 28 y y y upation	Other Contributory Causes of importance:	1/3/30	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Nork was done, as SILK Mit SAW MILL, BANK, etc	1/ 193 11. Total ti spei	nt In this 20 VI	Other Contributory Causes of importance:	1/3/30	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Work was done, as SILK Mill SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	1/ 1935 H. Total ti spen con arrell Co. Maryland	nt In this 25 yrs	Name of operation		
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	arroll Co.  Maryland mon Welsh	nt In this 25 yrs	Name of operation	e an autopsy? <b>Lv4</b>	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	1/ 193511. Total ti spen arrell Co. Maryland mon Welsh Carroll Co. Maryland	nt In this 25 yrs	Name of operation	e an autopsy? <b>}\</b> lowing:	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	1/ 193511. Total ti spen arrell Co. Maryland mon Welsh Carroll Co. Maryland	nt In this 25 yrs	Name of operation	e an autopsy?_ <b>_}</b> lowing:	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)	n. 1935 H. Totalt species occurred to common Welsh Carroll Co.  Maryland carroll Co.  Maryland co.  Maryland co.  Maryland co.  Maryland co.  Maryland co.  Maryland co.	nt In this 25 yrs	Name of operetion Date  What test confirmed diagnosis? Wes ther  23. If death was due to external causes (VIOLENCE) fill in also the following the property of injury Date of injury	e an autopsy?	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Philo 14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) R. F. D. WO. 18. BURIAL, CREMATION, OR REMOVAL	Maryland en Thomas In aret C. Wel	ntin this 20yrs	Name of operetion	e an autopsy?	
kind of work done, as SPIN SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Phile 14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) R. F. D. 100	Maryland en Thomas In aret C. Wel	ntin this 20yrs	Name of operation	e an autopsy?	
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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
			1 year	

ADDITIONAL SPACE FO	FURTHER STATEMENTS	BY	PHYSICIAN
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)	item of infor-	should state	of OCCUPA.	
	RECORD. Every	. PHYSICIANS	Exact statement	
מוותוות זו	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	icate.
DUITALITY TO TOTAL TOTAL VILLE TO THE TOTAL VILLE	INK-THIS IS A	should be state	t it may be prop	TION is very important. See instructions on back of certificate.
	H UNFADING	y supplied. AGE	ain terms, so that	See instructions
	PLAINLY, WIT	ould be carefully	F DEATH in pla	ery important.
2	-WRITE	mation sh	CAUSE	TION is

00368 STATE OF MARYLAND—CERTIFICATE OF DEATH

County
Length of residence in city or town where death occurred of street and number)  Length of residence in city or town where death occurred of street and number)  Length of residence in city or town where death occurred of street and number)  Mos. How long in U.S. if of foreign birth?  Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Correct of the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Correct of the word of t
Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of residence in city or town where death occurred by the street and number)  Length of foreign blrth?  Length of foreign
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Savid C Nollale  22. I HEREBY CERTIFY, That I attended deceased in 1930, to 1934; death is
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David C Nelson  (or) WIFE of David C Nelson  22. I HEREBY CERTIFY, That I attended deceased in 1930, to 1930, to 1934; death is
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David C Nelsle  22. I HEREBY CERTIFY, That I attended deceased in 1930, to 1934; death is
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David C. Welsle  22. I HEREBY CERTIFY. That I attended deceased in 1930, to January 1934; death is
, , , , , , , , , , , , , , , , , , , ,
7. AGE  Years  Months  Days  If LESS than I day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of ormin.
SAWYER, BDOKKEEPER, etc.  SAWYER, BDOKKEEPER, etc.  SAWYER, BDOKKEEPER, etc.  SAWYER, BDOKKEEPER, etc.  Vork was done, as SIII K MIII
SAW MILL, BANK, etc
12. BIRTHPLACE (city or town) (State or country)  Other Contributory Causes of importance:
aluly Name
13. NAME   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   What test confirmed diagnosis?   Was there an autopsy?
15. MAIDEN NAME (select an autopsy)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. MAIDEN NAME  23. If death was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicida?  Data of injury  19. Maident was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Data of injury 19
17. INFORMANT Many 1: Figure 1: Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Sufference 2. (Address) Sufferenc
18. BURIAL, CREMATION, OR REMOVAL Manner of injury
Markedow Back Date James, 1935 Nature of injury
19. UNDERTAKER West above the 24. Was disease or injury in any way related to occupation of deceased? NO (Address) Symptopical Med. If so, specify
20. FILED Jaw. 6, 1934 Chary New (Signed) MD Noy has M. Registrar. (Address) Elding from

State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

1	S. PLACE OF DEA		F MAR	YLAND-	CERT	IFICATE OF	DEATH 0	0369
	County Carroll					51-C /		7/
			11277	D D D 11/	777 1		gistration Dist. No	
	Village or City ne	dr. Diru		II)	f death occurre	minster,	ve its NAME instead of street ar	Ward
	Length of residence in ci	ty or town where de	eath occurred_3_				n birth?yrs	
2	. FULL NAME	John P.	"ilhide	2				
granne,	(a) Residence: No	near	, Bird (Usual place	Hill, Md. of abode)	St.,	Ward.	nonresident give city or town a	and State
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS		MEDICAL CERTI	FICATE OF DEATH	
3. 5		R OR RACE hite	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DAT	E OF DEATH Janua (Mon		, 195) (Year)
5a.	If married, widowed, or divo	zabeth V	Vilhide	,	22.	I HEREBY CE	BTIFY. That I ettend	
6. I	OATE OF BIRTH (month, day	(, and year) 188	33-3-5		I last saw i	h I'M elive on	1 014 1931	death is said
7. /	GE Years	Months	Days	If LESS than	to have occ	curred on the date stated above	9:30a.m.	
1	51	10	10	1 day,hrs.	The PRING were as fo	CIPAL CAUSE OF DEATH and I	related causes of importence	Date of onset
CUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc.	erm Lab	orer		Jarenous of	prostate	
5	work was done, as S SAW MILL, BANK, e	SILK MILL,						1932
Ö	10. Date deceased last wor this occupation (more year)	ked at 77 /7/	spar spar	me (years) it in this pation			***************************************	
12.	BIRTHPLACE (city or town). (State or country)	Westn Mar	inster	9	Other Coul	tributory Causes of Importance:		
HER	13. NAME John	a H. Wilh	ide.					
FATH	14. BIRTHPLACE (city or to (State or country)	to a	tminste	>	Name of or		Date of Was there a	
E	15. MAIDEN NAME	Lydia A.	Miller				OLENCE) fill in elso the follow	
MOIH	16. BIRTHPLACE (city or to (State or country)	wn) Carro	11 Co.		Accident, s	suicide, or homicide?	Date of injury	
17. INFORMANT Mrs. Elizabeth Wilhide, (Address). F. D. #6. Westminster Md				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			tate) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL				Manner of	injury		*******	
	Placestminster Centybate Jany 17, 195.				Nature of i	njury		
19.	UNDERTAKER 6	m. M.	iltz.		24. Was die	eese or injury in eny way relate	ed to occupation of deceesed?	
20.	FILED / S. 1	e JV TX	Mur	Registrar.	(Signe	(Address)	Franch.	and M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	W 1 1020	Other contributory causes of importance:	1 year	
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0.0370
1. PLACE OF DEATH	97
County Carvall	Registration Dist. No.
Village or City Mr luniontaron	No. St., Ward
(II Length of rasidence In-city or town where daath occurred 21 yrs	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Jacob Willet	Town rought of the figure and the fi
	7
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH / /6 193.5
5a. If marriad, widowad, or divorcad	(Month) (Day) (Yaar)
HUSBAND OF Quanded Willet	22. I HEREBY CERTIFY, That I attended daceased from
July 16 1852	1   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   1   2   2
7. AGE Yaars Months Days If LESS than	I last saw h alive on f f , 19.5; death is said to have occurred on the date stated above, at 9 m.
83 6 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
N Trade profession or portionles	ware as follows:
S. Hada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at	Urless ochrosis
9. Industry or business in which work was done, as SILK MILL,	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) adams Eq. Pa	Other Contributory Causes of importance:
(State or country)	
# 13. NAME Lewy Willet	
13. NAME SEWY Willt Ow -	Name of oparation Data of
(Stata or country)	What tast confirmad diagnosis? Was there an au'opsy?
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) UNKNOWN	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Data of injury19
Mana a E Roll as	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT / Was (A. Galling (Address) June 1997	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	- Mennar of injury
Date 19, 19 3 J	Nature of injury
19. UNDERTAKER O USSTOON	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Janey Dun Miles	If so, specify
20. FILED Jan. 18, 1935 Mangaret Kanglar	(Signed)
Registrar.	(Addrass) - Lucy - Lands Ald

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car:	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
A THE ALL V. B.		,		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH  Outly  Registration Dist. No.  Registration Dist. No.  ARGORDAN  Village of City many  Longth of residence in city or town where deeth occurred. Typs.  mee.  4. How long in U.S. If of foreign birth?  (Usual piece of short)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED,  ON BRIGORED Growth the word)  St. II married, videness, or discreted  HUSBARTOTI  (O'NIE of Latt).  ARGE  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED,  ON BRIGORED Growth the word)  St. II married, videness, or discreted  HUSBARTOTI  (O'NIE of Latt).  ARGE  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE, MARRIED, WIDOWED,  O'NIE of Latt).  BRIGORED Growth the word)  St. II HER EBY CERTIFY, That I attended deceased from  12. DATE OF DEATH  22. DATE OF DEATH  22. I HER EBY CERTIFY, That I attended deceased from  18. Treds, profession, or particular  SAWWER, BOOKEEFER, Months, or particular  SAWWER, BOOKEEFER, Booker, MILL,  SAWWER, BOOKEEFER, Book							
County  Village-os City was Marchan R. J. New Marchan St. Ward  Length of residence in city or town where deeth occurred Tys. mes. S. How long in U.S. If of foreign birth. mes. ds.  2. FULL NAME  (a) Residence: No. Marchan Cluster Cluster County		S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	00371
Village of City Maria Ma	1		1			107:0)	-/
Length of residence in city or town where deeth occurred. Tyrs		County Lon	mell.			Registration Dist. No.	
Length of residence in city or town where deeth occurred. Hyrs		Village or City	as Mars	stow, 69			
2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residenc		Length of residence In ci	ty or town where de	eeth occurred 4	4		
(a) Residence: No			7- 5	2 - 0.	3		1103
PERSONAL AND STATISTICAL PARTICULAS.  PERSONAL AND STATISTICAL PARTICULAS.  S. SINGLE, MARRIED, WIDOWED, OR, DAY, DAY, DAY, DAY, DAY, DAY, DAY, DAY	4	. FULL NAME	7	n.O.t.	7120	2 1 10 1	
21. DATE OF DEATH  S. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)  Se. If married, widowed, or divorced HUBBAND of Copy WIFE of Late. Milliams 3 lls.,  S. DATE OF BIRTH (month, day, and year) 1959-12-29  S. Trade, profession, or perticular kind of work done, es SPINNER, Lower Book Reference to the work was done, es SPINNER, Lower Book Reference to this occupetion (month) and 14/35 spent in this occuped (month) and 14/35 spent in th		(a) Residence: No	reas	(Usual place	1		ad State
Fundle Mile OR DIVORCED (write the word)  50. If married, vidowed, or divorced (rear)  HUSBARTY (CO) WIFE of Late. Melliann 3 le.,  6. DATE OF BIRTH (month, day, end year) /959 /2 - 29  17. AGE Years Months Days If LESS than 1 day. http://dx.doi.org.min.htm.htm.htm.htm.htm.htm.htm.htm.htm.htm	-	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
56. If married, wildowd, or divorced (or) Wilfe of Lett. Mullians 3 Le.  5. DATE OF BIRTH (month, day, end year) / 9 5 9 - 12 - 29  7. AGE Years Months Days If LESS than 1 day	3. 5	/)		S. SINGLE, MAR	RIED, WIDOWED,	0 /-	
HUSBAND of Late. Milliams 3 lle.,  6. DATE OF BIRTH (month, day, and year) 1959-12-29  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  1 day, hrs. or min.  8. Trede, protession, or perticular  SAWYER, BOOKKEPPE, etc.  SAWYER, BOOKKEPPE, etc		Female m	lile				, 193J (Year)
6. DATE OF BIRTH (month, day, end year) /959-/2-29  7. AGE	5e.	HUSBAND of	211.1			22 LUEDERY CERTIEV That I attende	daceneed from
5. DATE OF BIRTH (month, day, end year) / \$59 - 12 - 29  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows Were es follows Work was done, es SPINNER,hrs. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAMMILL, BARK, etc. 10. Date deceased last worked etc. 10. Date deceased last worked etc. SAWILL, BARK, etc. 10. Date deceased last worked etc. SILK MILL, SAWILL, BARK, etc. 11. Totel time (yeers) spant in this occupation  Other Contributory Causes of importance:  Whet test confirmed diagnosis?  West there en eutopsy?  14. BIRTHPLACE (city or town) (Stete or country)  Wary Land  Whet test confirmed diagnosis?  West there en eutopsy?  23. If death wes due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town)  State or country)  Wary Land  Whet test confirmed diagnosis?  West there en eutopsy?  23. If death were due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town)  State or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) F. D. May Handson Manner of Injury  Nature of Injury		(or) WIFE of late.	William	n Zile	,		The state of the s
The Principal Causes of Importance  The Principal Causes of Import	6. 1	DATE OF BIRTH (month, dar	v. end year) 185	19-12-2	.9	I last saw h, 19,	
8. Trede, profession, or perticular kind of work done, es SPINNER, Housework.  SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked et this occupation (month and 14/3 spent in this occupation)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date of onest were es follows:  Date of onest were es follows:  Were es follows:  Date of onest were es follows:  Were es follows:  Date of onest the were es follows:  Why a Conduction  (Address)  Thy a Conduction					If LESS than		
Strede, profession, or perticular kind of work done, es SPINNER, Housework SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  17. Theoremant  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  18. Dete Jany 7., 19.3.  19. Nature of injury		75	0	5	ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:	Date of preset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARN, etc  11. Total time (yeers) spent in this occupation (month and 14/3) spent in this occupation (Stete or country)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Dete January  Dete January  Dete January  Nature of injury	Z	8. Trede, profession, or po	erticular es SPINNER. 2	16,,,,,	12		Date of onese
year)  Other Contributory Causes of Importance:  Other Contributory Caus	TIC	/		rouse.	,,, C .	Broncho- Gneumona	12-25-34
year)  Other Contributory Causes of Importance:  Other Contributory Caus	UPA	work was done, es S	SIEK MILL,			-m / L ·	
year)  Other Contributory Causes of Importance:  Other Contributory Caus	၁၁၁	10. Date deceased last wor	rked et	11. Totel ti	me (yeers)	Myocorditus	1-4-35
12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Dete of  Neme of operation  Neme of operation  Whet test confirmed diagnosis?  Wes there en eutopsy?  23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury			III and 17/30			Other Contributory Casses of Importance:	
13. NAME    14. BIRTHPLACE (city or town)	12.	BIRTHPLACE (city or town)	barr	all las.	A	Other Continuery Cases of Importance.	
Whet test confirmed diagnosis? Wes there en eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT  (Address)  F. J. News Mandeson, Med.  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Date of injury  Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury	24	1 01.	Mai	of the			
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(Specify city or town, county and State)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Dete  Place  Place  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury			Man feet	Hit Il	d,		
(Specify city or town, county and State)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Dete  Place  Place  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury	THE		Joen XI	10 6			•
(Specify city or town, county and State)  17. INFORMANT  (Address)  (Address)	MO			ary law	<i>i</i> .		, 19
(Address) F. I. Nelly Mindsor, Med.  18. BURIAL, CREMATION, OR REMOVAL  Place To rules  Dete Jacry 7., 1935  Nature of injury.		m. T	uaggie	Elaust	0 .	(Specify city or town, county and S	tate)
Place To riles wity. Dete Jany 7., 1931 Nature of injury	17.	. INFURMANT	nels This	idsor, 7	ud.	openy whether many occurred in reporter, in noise, or in robert	LACE.
Nature of injury.	18.	BURIAL, CREMATION, OR R				Manner of Injury	
1 30 Mr go		Place Dules	-hamily .	Dete Jac	4.7.,1934	- Nature of injury	
19. UNDERTAKER 24. Wes disease or injury in any wey related to occupation of decessed?	19.	UNDERTAKER 6	o. m. sto	alts.	1	24. Wes diseese or injury in any wey related to occupation of deceesed?	
(Address) Winfield Med. If so, specify			Wingi	eld m	d.	If so, specify	
20. FILED Jan 5 ,195 Corser & Benedict (Signed 5) 4/3000 Congress Congress	20.	FILED Jan 5	1935 Conse	ur & Ba	udet	(Signed) 3 7 3 mm Co	and a

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS	$\mathbf{BY}$	PHYSICIAN
-------------------------	-----------------	---------------	-----------

of OCCUPA-

	CERTIFICATE OF DEATH 00372
County Carroll Village or City Westminster Md	Registration Dist. No
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of Mary Jone Files  (or) WIFE of Mary Jone Files  [2013] 3 1855	22. I HEREBY CERTIFY. That I ettended deceased from  Nov 4,1934, to 1-23-,1935
6. DATE OF BIRTH (month, day, and year) Jon 23 853° 7. AGE Years Month's Oays If LESS than 1 day,	I last saw h alive on
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, Patied Former  10. Oate deceased last worked at this occupation (month and spent in this	Chronic Myrcardto 1+ grs
year) occupation 12. BIRTHPLACE (city or town) In any land	Other Contributory Causes of importance:
(State or country)  13. NAME Serham File  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME Thurs and Shifley 16. BIRTHPLACE (city or town) Ma (State or country)	What test confirmed diegnosis? Wes there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT RUSSELL SILES (Address) Westminist Ind  18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place / Miantaux Date on 27 1935	Manner of injury
19. UNDERTAKER O Flush & Son (Address) Joney Fown Ind	Nature of injury  24. Was disease or injury in any way related to occupation or deceased?  If so, specify  (Signed)
20. FILED / AV 19.51 (100000)	(Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	Profession of		
The same of the sa		Λ΄	
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
the desire of the property of the second		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN